

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

**KANSAS**

Part 2

LENEXA to YATES CENTER



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

**87/88**





RA977  
1/14/3  
1988  
Kansas  
Pt. 2

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KANSAS

Part 2

LENEXA TO YATES CENTER

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Secretary  
U.S. Department of Health & Human Services

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Administrator  
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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The Administrator  
Washington, D.C. 20201

## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.  
Administrator

## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.



## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



# STATE OF KANSAS



## DEPARTMENT OF HEALTH AND ENVIRONMENT

*Forbes Field*

*Topeka, Kansas 66620-0001*

*Phone (913) 296-1500*

Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary

Gary K. Hulett, Ph.D., Under Secretary

### Overview of nursing home licensure program

The overall purpose of the Kansas nursing home licensure program is to develop, adopt and enforce standards which will result in providing a minimum level of care and treatment in a safe, sanitary and functionally adequate environment. The licensure and certification of nursing homes is the responsibility of the Bureau of Adult and Child Care, Division of Health, Kansas Department of Health and Environment. This Bureau is divided into 5 sections: nursing homes, hospital and medical programs, child care, credentialing, and field services. The nursing home section is responsible for general policy issues including development and/or interpretation of regulation. The field services section is the enforcement section, including responsibility for inspections.

Field staff documents compliance/noncompliance with state regulations and federal certification standards through annual surveys of the nursing homes. Field staff inspections are conducted by teams which include a registered nurse, a professional sanitarian and a representative from the state fire marshall's office. Determination of compliance is based upon on-site observation and interviews with residents, employees and others, a comprehensive review of medical records and general review of facility policies, procedures, and related records.

### Overview of enforcement system

When a facility is found to have violated a regulation, a deficiency is written. A provisional license may be issued to any nursing home when they are temporarily unable to conform to all the requirements. Whenever a facility substantially fails to comply with the requirements an order denying, suspending or revoking the license may be issued. The Secretary of the agency has authority to ban admissions when an order has been issued suspending or revoking the license. Whenever a deficiency is found that significantly and adversely affects the health, safety, welfare or nutrition of a resident, a correction order may be issued which states the deficiency and specifies a time allowed for correction. Upon reinspection, a civil penalty, not to exceed \$500 per day for each deficiency or a facility total of \$2500, may be assessed.

Office Location: Landon State Office Building—900 S.W. Jackson

#### Resources available to consumers

The Kansas Department of Health and Environment is the survey agency for both licensure and medicaid participation. The Secretary, Stanley C. Grant, Ph.D., was appointed by the governor.

The office of long term care ombudsman was created in 1980 and is within the Kansas Department on Aging. The office of the long term care ombudsman consists of the state ombudsman located in Topeka and two regional ombudsman located in Kansas City and Wichita. The address is Kansas Department on Aging, 610 W. 10th, Topeka, Kansas, 66612, telephone 913-296-4986.

Complaints are a shared responsibility of three state agencies: The Kansas Department of Health and Environment, the Kansas Department of Social and Rehabilitation Services, and the Kansas Department on Aging. KDHE investigates complaints which involve possible violation of state or federal regulation. The Department of SRS investigates complaints that are specific to individual residents regarding abuse, neglect or exploitation. Kansas Department on Aging investigates complaints not involving regulatory issues, such as problems with guardians or family members. The complaint hotline for any complaint is 1-800-432-3535.

Medicaid fraud and possible abuse of funds is the responsibility of SRS, division of Fraud and Recovery, telephone number 913-296-2431.

Kansas law requires that the nursing home provide, during normal business hours, a copy of its most recent inspection survey report. Survey results may also be obtained by contacting the Kansas Department of Health and Environment, Field Services Section, 913-296-1260.

The Kansas Department on Aging is the state level agency which works with and on behalf of older Kansans. The Department provides a central source of information about available programs and services, administers state and federal funds for aging services, serves as an advocacy agency on issues concerning older Kansans and provides information on the aging process. The Secretary, Esther Vallodolid Wolfe, appointed by the Governor, may be contacted at 913-296-4986.

## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.



## AoA Regional Offices

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1f85  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341

## Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### OCR Regional Offices

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473

## **Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### **HCFA Regional Offices**

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington



## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

## **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

## GLOSSARY OF TERMS

### Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.



**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

## NURSING HOME PROFILE

### Happy Valley Nursing Home

Street Address:

City and State:

Participation:

# of Beds:

Type of Ownership:

Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory

**Street Address:** Self-explanatory

**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)** — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)** — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious** — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private** — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other** — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary** — A nursing home operated for profit.

**Government** — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.



## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

**Column 1 — Facility Met/Not Met:** Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

**Column 2 — State, #:** Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

**Column 3 — State, %:** Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

**Column 4 — Nation, #:** Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

**Column 5 — Nation, %:** Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.



## NURSING HOME PROFILE DELMAR GARDENS OF LENEXA

<b>Street Address:</b>		<b>City and State:</b>	
9701 MONROVIA		LENEXA KS 66215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	250	PROPRIETARY	01/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
164		7		0	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		163	99.4	83.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		157	95.7	79.1	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		126	76.8	68.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	51.8	69.9	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		106	64.6	62.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		54	32.9	30.7	37.7
Completely bedfast residents.		16	9.8	3.5	3.4
Residents confined to chairs.		86	52.4	44.4	50.8
Residents requiring restraints.		67	40.9	33.9	41.3
Confused or disoriented residents.		70	42.7	50.9	58.4
Residents with bed sores.		11	6.7	6.4	7.1
Residents receiving special skin care.		19	11.6	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEONARDVILLE NURSING HOME

<b>Street Address:</b> BOX 148 HIGHWAY 24		<b>City and State:</b> LEONARDVILLE KS 66449	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 05/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 15		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	78.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	78.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	65.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	65.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	58.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	33.3	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	28	46.7	39.6	39.1
<b>Residents requiring restraints.</b>	24	40.0	30.3	31.7
<b>Confused or disoriented residents.</b>	36	60.0	49.7	55.8
<b>Residents with bed sores.</b>	4	6.7	4.2	4.7
<b>Residents receiving special skin care.</b>	2	3.3	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WICHITA COUNTY HOSPITAL LTCU

<b>Street Address:</b> 211 EAST EARL		<b>City and State:</b> LEOTI KS 67861	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 30	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/09/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
27	0	13			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		25	92.6	75.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		22	81.5	70.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		15	55.6	58.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		14	51.9	61.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		13	48.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	3.8	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	25.9	25.3	29.3
Completely bedfast residents.		0	0.0	1.7	3.6
Residents confined to chairs.		14	51.9	39.6	39.1
Residents requiring restraints.		7	25.9	30.3	31.7
Confused or disoriented residents.		11	40.7	49.7	55.8
Residents with bed sores.		2	7.4	4.2	4.7
Residents receiving special skin care.		4	14.8	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LIBERAL GOOD SAMARITAN CTR

<b>Street Address:</b> 2160 ZENNIA LANE		<b>City and State:</b> LIBERAL KS 67901	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 04/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 100	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 51
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	95	95.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	86	86.0	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	64	64.0	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	61	61.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	39	39.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	46	46.0	39.6	39.1
<b>Residents requiring restraints.</b>	14	14.0	30.3	31.7
<b>Confused or disoriented residents.</b>	41	41.0	49.7	55.8
<b>Residents with bed sores.</b>	3	3.0	4.2	4.7
<b>Residents receiving special skin care.</b>	19	19.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SOUTHWEST MEDICAL CENTER SNF

<b>Street Address:</b>  WEST FIFTEENTH		<b>City and State:</b>  LIBERAL KS 67901	
<b>Participation:</b>  MEDICARE/MEDICAID SNF	<b># of Beds:</b>  7	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  04/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  5		<b>Medicare Residents:</b>  5		<b>Medicaid Residents:</b>  0	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		5	100	83.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		5	100	79.1	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		5	100	68.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		5	100	69.9	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		5	100	62.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		1	20.0	30.7	37.7
<b>Completely bedfast residents.</b>		0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>		2	40.0	44.4	50.8
<b>Residents requiring restraints.</b>		3	60.0	33.9	41.3
<b>Confused or disoriented residents.</b>		4	80.0	50.9	58.4
<b>Residents with bed sores.</b>		0	0.0	6.4	7.1
<b>Residents receiving special skin care.</b>		0	0.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE LINCOLN CO HOSP LTCU

<b>Street Address:</b>		<b>City and State:</b>	
624 N 2ND ST		LINCOLN KS 67455	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	20	NON-PROFIT OTHER	05/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
20	0	4	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	80.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	16	80.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	80.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	80.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	13	65.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	20.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	10	50.0	39.6	39.1
<b>Residents requiring restraints.</b>	12	60.0	30.3	31.7
<b>Confused or disoriented residents.</b>	13	65.0	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MID-AMERICA NURS CTR OF LINCOLN

<b>Street Address:</b> 922 N 5TH ST		<b>City and State:</b> LINCOLN KS 67455	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 73	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/29/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 65	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 31	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	63	96.9	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	46	70.8	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	43	66.2	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	66.2	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	32	49.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	13	20.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	25	38.5	39.6	39.1
<b>Residents requiring restraints.</b>	26	40.0	30.3	31.7
<b>Confused or disoriented residents.</b>	44	67.7	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	12	18.5	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETHANY HOME ASSOCIATION

<b>Street Address:</b>  321 N CHESTNUT		<b>City and State:</b>  LINDSBORG KS 67456	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  132	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  128	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  28
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	53.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	60.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	43.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	37.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	44.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	20.3	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	48	37.5	39.6	39.1
<b>Residents requiring restraints.</b>	28	21.9	30.3	31.7
<b>Confused or disoriented residents.</b>	41	32.0	49.7	55.8
<b>Residents with bed sores.</b>	1	0.8	4.2	4.7
<b>Residents receiving special skin care.</b>	8	6.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## LINN COMM HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
314 3RD ST		LINN KS 66953	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	77	LOCAL GOVERNMENT	08/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
77	0	25	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	98.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	84.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	68.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	68.8	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	61.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	32.5	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	50	64.9	39.6	39.1
<b>Residents requiring restraints.</b>	30	39.0	30.3	31.7
<b>Confused or disoriented residents.</b>	38	49.4	49.7	55.8
<b>Residents with bed sores.</b>	3	3.9	4.2	4.7
<b>Residents receiving special skin care.</b>	2	2.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SANDSTONE HEIGHTS

<b>Street Address:</b>		<b>City and State:</b>	
STATE ST PO BOX 50A		LITTLE RIVER KS 67457	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	LOCAL GOVERNMENT	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
55	0	15

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	83.6	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	67.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	67.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	69.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	47.3	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.8	1.7	3.6
<b>Residents confined to chairs.</b>	24	43.6	39.6	39.1
<b>Residents requiring restraints.</b>	27	49.1	30.3	31.7
<b>Confused or disoriented residents.</b>	37	67.3	49.7	55.8
<b>Residents with bed sores.</b>	1	1.8	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LOGAN MANOR NURSING HOME

<b>Street Address:</b> 108 SOUTH ADAMS		<b>City and State:</b> LOGAN KS 67646	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	70.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	56.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	56.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	56.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	29.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	26	54.2	39.6	39.1
<b>Residents requiring restraints.</b>	14	29.2	30.3	31.7
<b>Confused or disoriented residents.</b>	21	43.8	49.7	55.8
<b>Residents with bed sores.</b>	2	4.2	4.2	4.7
<b>Residents receiving special skin care.</b>	27	56.3	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTHRIDGE MANOR CARE HOME

<b>Street Address:</b> 12TH AND BROADWAY PO BOX 339		<b>City and State:</b> LOUISBURG KS 66053	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 54	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 27	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	43	79.6	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	31	57.4	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	31	57.4	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	50.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	31	57.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	7	13.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	22	40.7	39.6	39.1
<b>Residents requiring restraints.</b>	9	16.7	30.3	31.7
<b>Confused or disoriented residents.</b>	21	38.9	49.7	55.8
<b>Residents with bed sores.</b>	6	11.1	4.2	4.7
<b>Residents receiving special skin care.</b>	5	9.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LUCAS REST HOME INC

<b>Street Address:</b> JOHNSON AND MAIN		<b>City and State:</b> LUCAS KS 67648	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/03/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
44	0	26			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		18	40.9	75.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		32	72.7	70.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		25	56.8	58.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		9	20.5	61.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		28	63.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.		1	2.3	3.8	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	13.6	25.3	29.3
Completely bedfast residents.		0	0.0	1.7	3.6
Residents confined to chairs.		5	11.4	39.6	39.1
Residents requiring restraints.		7	15.9	30.3	31.7
Confused or disoriented residents.		14	31.8	49.7	55.8
Residents with bed sores.		1	2.3	4.2	4.7
Residents receiving special skin care.		1	2.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLTOP HOME

<b>Street Address:</b> 131 W 14TH ST		<b>City and State:</b> LYNDON KS 66451	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 54	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 54	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	45	83.3	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	35	64.8	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	31	57.4	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	63.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	29	53.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	13	24.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	23	42.6	39.6	39.1
<b>Residents requiring restraints.</b>	10	18.5	30.3	31.7
<b>Confused or disoriented residents.</b>	28	51.9	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	6	11.1	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LYONS GOOD SAMARITAN CTR

<b>Street Address:</b> 1311 S DOUGLAS		<b>City and State:</b> LYONS KS 67554	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 85	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 80	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 36
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	57.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	75.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	50.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	58.7	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	72.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	9	11.2	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	27.5	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	56	70.0	39.6	39.1
<b>Residents requiring restraints.</b>	16	20.0	30.3	31.7
<b>Confused or disoriented residents.</b>	36	45.0	49.7	55.8
<b>Residents with bed sores.</b>	2	2.5	4.2	4.7
<b>Residents receiving special skin care.</b>	10	12.5	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MADISON MANOR

<b>Street Address:</b> BLUESTEM DR BOX 277		<b>City and State:</b> MADISON KS 66860	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 55	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 01/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 55		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 28			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
				<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				55	100	75.7	78.3
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				46	83.6	70.0	76.7
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				39	70.9	58.7	63.4
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				39	70.9	61.8	66.0
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				35	63.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.				1	1.8	3.8	6.1
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				18	32.7	25.3	29.3
<b>Completely bedfast residents.</b>				1	1.8	1.7	3.6
<b>Residents confined to chairs.</b>				34	61.8	39.6	39.1
<b>Residents requiring restraints.</b>				24	43.6	30.3	31.7
<b>Confused or disoriented residents.</b>				34	61.8	49.7	55.8
<b>Residents with bed sores.</b>				0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>				9	16.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COLLEGE HILL SKILLED NURSING CTR

<b>Street Address:</b> 2423 KIMBALL AVENUE		<b>City and State:</b> MANHATTAN KS 66502	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 106	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	81.6	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	86	87.8	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	69.4	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	63.3	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	66.3	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	28.6	30.7	37.7
<b>Completely bedfast residents.</b>	2	2.0	3.5	3.4
<b>Residents confined to chairs.</b>	50	51.0	44.4	50.8
<b>Residents requiring restraints.</b>	32	32.7	33.9	41.3
<b>Confused or disoriented residents.</b>	27	27.6	50.9	58.4
<b>Residents with bed sores.</b>	2	2.0	6.4	7.1
<b>Residents receiving special skin care.</b>	24	24.5	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEADOWLARK HILLS

<b>Street Address:</b>		<b>City and State:</b>	
2121 MEADOWLARK ROAD		MANHATTAN KS 66502	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	60	PROPRIETARY	06/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
53	0	4			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		44	83.0	83.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		41	77.4	79.1	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		36	67.9	68.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	64.2	69.9	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		33	62.3	62.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		22	41.5	30.7	37.7
<b>Completely bedfast residents.</b>		2	3.8	3.5	3.4
<b>Residents confined to chairs.</b>		19	35.8	44.4	50.8
<b>Residents requiring restraints.</b>		29	54.7	33.9	41.3
<b>Confused or disoriented residents.</b>		30	56.6	50.9	58.4
<b>Residents with bed sores.</b>		1	1.9	6.4	7.1
<b>Residents receiving special skin care.</b>		6	11.3	21.1	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WHARTON MANOR

<b>Street Address:</b> 2101 CLAFLIN RD		<b>City and State:</b> MANHATTAN KS 66502	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 08/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 33
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	52	86.7	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	40	66.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	40	66.7	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	40.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	40	66.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	21	35.0	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.7	1.7	3.6
<b>Residents confined to chairs.</b>	29	48.3	39.6	39.1
<b>Residents requiring restraints.</b>	27	45.0	30.3	31.7
<b>Confused or disoriented residents.</b>	45	75.0	49.7	55.8
<b>Residents with bed sores.</b>	1	1.7	4.2	4.7
<b>Residents receiving special skin care.</b>	18	30.0	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JEWELL COUNTY HOSPITAL LTCU

<b>Street Address:</b> 100 CREST VUE		<b>City and State:</b> MANKATO KS 66956	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 49	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 01/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 37	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 16
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	86.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	73.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	64.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	75.7	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	70.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	27.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	20	54.1	39.6	39.1
<b>Residents requiring restraints.</b>	18	48.6	30.3	31.7
<b>Confused or disoriented residents.</b>	24	64.9	49.7	55.8
<b>Residents with bed sores.</b>	1	2.7	4.2	4.7
<b>Residents receiving special skin care.</b>	6	16.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARION MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1500 E LAWRENCE ST		MARION KS 66861	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
75	0	44

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	41.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	69.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	38.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	36.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	45.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	2.7	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	10.7	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	25	33.3	39.6	39.1
<b>Residents requiring restraints.</b>	16	21.3	30.3	31.7
<b>Confused or disoriented residents.</b>	18	24.0	49.7	55.8
<b>Residents with bed sores.</b>	2	2.7	4.2	4.7
<b>Residents receiving special skin care.</b>	2	2.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ST LUKE HOSP NH WING

<b>Street Address:</b>		<b>City and State:</b>	
1014 E MELVIN		MARION KS 66861	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	18	NON-PROFIT OTHER	12/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
18	0	4

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	10	55.6	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	13	72.2	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	12	66.7	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	66.7	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	9	50.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	22.2	30.7	37.7
<b>Completely bedfast residents.</b>	1	5.6	3.5	3.4
<b>Residents confined to chairs.</b>	6	33.3	44.4	50.8
<b>Residents requiring restraints.</b>	3	16.7	33.9	41.3
<b>Confused or disoriented residents.</b>	11	61.1	50.9	58.4
<b>Residents with bed sores.</b>	0	0.0	6.4	7.1
<b>Residents receiving special skin care.</b>	2	11.1	21.1	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE RIVERVIEW ESTATES INC

<b>Street Address:</b>		<b>City and State:</b>	
202 S WASHINGTON ST		MARQUETTE KS 67464	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	52	LOCAL GOVERNMENT	09/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
50	0	29		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	48.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	54.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	52.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	52.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	54.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	40.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	21	42.0	39.6	39.1
<b>Residents requiring restraints.</b>	14	28.0	30.3	31.7
<b>Confused or disoriented residents.</b>	20	40.0	49.7	55.8
<b>Residents with bed sores.</b>	2	4.0	4.2	4.7
<b>Residents receiving special skin care.</b>	8	16.0	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MARSHALL CO NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1906 N ST		MARYSVILLE KS 66508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	49	PROPRIETARY	05/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
48	0	21		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	87.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	77.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	60.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	77.1	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	54.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	22.9	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	15	31.3	39.6	39.1
<b>Residents requiring restraints.</b>	22	45.8	30.3	31.7
<b>Confused or disoriented residents.</b>	23	47.9	49.7	55.8
<b>Residents with bed sores.</b>	2	4.2	4.2	4.7
<b>Residents receiving special skin care.</b>	10	20.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARSHALL MARY MANOR

<b>Street Address:</b> 810 N 18TH		<b>City and State:</b> MARYSVILLE KS 66508	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 92	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 89	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	66.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	47.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	48.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	40.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	18.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	44	49.4	39.6	39.1
<b>Residents requiring restraints.</b>	35	39.3	30.3	31.7
<b>Confused or disoriented residents.</b>	47	52.8	49.7	55.8
<b>Residents with bed sores.</b>	4	4.5	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMNWOOD VILLA

<b>Street Address:</b>		<b>City and State:</b>	
1601 NORTH MAIN		MCPHERSON KS 67460	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	98	PROPRIETARY	06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
85	0	48	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	55.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	65.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	56.5	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	63.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	64.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	20.0	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.2	1.7	3.6
<b>Residents confined to chairs.</b>	50	58.8	39.6	39.1
<b>Residents requiring restraints.</b>	36	42.4	30.3	31.7
<b>Confused or disoriented residents.</b>	47	55.3	49.7	55.8
<b>Residents with bed sores.</b>	5	5.9	4.2	4.7
<b>Residents receiving special skin care.</b>	23	27.1	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CEDARS

<b>Street Address:</b>		<b>City and State:</b>	
1111 E KANSAS AVE		MCPHERSON KS 67460	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	NON-PROFIT RELIGIOUS	06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
68	0	9		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	66.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	64.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	52.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	60.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	57.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	27.9	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.5	1.7	3.6
<b>Residents confined to chairs.</b>	29	42.6	39.6	39.1
<b>Residents requiring restraints.</b>	21	30.9	30.3	31.7
<b>Confused or disoriented residents.</b>	31	45.6	49.7	55.8
<b>Residents with bed sores.</b>	2	2.9	4.2	4.7
<b>Residents receiving special skin care.</b>	9	13.2	15.6	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LONE TREE LODGE

<b>Street Address:</b> 407 E RAINBELT		<b>City and State:</b> MEADE KS 67864	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 56	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 06/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 56	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 27
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	50.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	64.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	58.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	71.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	32.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	35	62.5	39.6	39.1
<b>Residents requiring restraints.</b>	22	39.3	30.3	31.7
<b>Confused or disoriented residents.</b>	29	51.8	49.7	55.8
<b>Residents with bed sores.</b>	1	1.8	4.2	4.7
<b>Residents receiving special skin care.</b>	11	19.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CEDAR CREST MANOR

<b>Street Address:</b>		<b>City and State:</b>	
601 NORTH CEDAR		MEDICINE LODGE KS 67104	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
38	0	21	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	65.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	57.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	57.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	47.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	31.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	13.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	3	7.9	39.6	39.1
<b>Residents requiring restraints.</b>	3	7.9	30.3	31.7
<b>Confused or disoriented residents.</b>	11	28.9	49.7	55.8
<b>Residents with bed sores.</b>	1	2.6	4.2	4.7
<b>Residents receiving special skin care.</b>	1	2.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TRINITY LUTHERAN MANOR

<b>Street Address:</b> 9700 W 62ND ST		<b>City and State:</b> MERRIAM KS 66203	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 10/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 112	<b>Medicare Residents:</b> 53	<b>Medicaid Residents:</b> 12	
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	110	98.2	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	82.1	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	75.0	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	75.0	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	72.3	62.4	68.2
Residents on individually written bowel and bladder retraining program.	7	6.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	33.9	30.7	37.7
<b>Completely bedfast residents.</b>	4	3.6	3.5	3.4
<b>Residents confined to chairs.</b>	88	78.6	44.4	50.8
<b>Residents requiring restraints.</b>	49	43.8	33.9	41.3
<b>Confused or disoriented residents.</b>	80	71.4	50.9	58.4
<b>Residents with bed sores.</b>	12	10.7	6.4	7.1
<b>Residents receiving special skin care.</b>	46	41.1	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MINNEAPOLIS GOOD SAMARITAN CTR

<b>Street Address:</b> 816 ARGYLE		<b>City and State:</b> MINNEAPOLIS KS 67467	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 93	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 87	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	94.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	72.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	77.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	63.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	66.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	19.5	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	37	42.5	39.6	39.1
<b>Residents requiring restraints.</b>	23	26.4	30.3	31.7
<b>Confused or disoriented residents.</b>	42	48.3	49.7	55.8
<b>Residents with bed sores.</b>	3	3.4	4.2	4.7
<b>Residents receiving special skin care.</b>	5	5.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE OTTAWA CO HOSP LTCU

<b>Street Address:</b>  215 E 8TH ST PO BOX 209		<b>City and State:</b>  MINNEAPOLIS KS 67467	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  23	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  08/03/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  19	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  2
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	17	89.5	75.7	78.3
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	12	63.2	70.0	76.7
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	8	42.1	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	47.4	61.8	66.0
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	8	42.1	55.8	59.1
 Residents on individually written bowel and bladder retraining program.	2	10.5	3.8	6.1
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	1	5.3	25.3	29.3
 <b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
 <b>Residents confined to chairs.</b>	6	31.6	39.6	39.1
 <b>Residents requiring restraints.</b>	2	10.5	30.3	31.7
 <b>Confused or disoriented residents.</b>	2	10.5	49.7	55.8
 <b>Residents with bed sores.</b>	2	10.5	4.2	4.7
 <b>Residents receiving special skin care.</b>	6	31.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MINNEOLA NURSING HOME

<b>Street Address:</b>  207 CHESTNUT BOX 10		<b>City and State:</b>  MINNEOLA KS 67865	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  03/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  41	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  16
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	58.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	63.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	56.1	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	68.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	58.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	24.4	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	10	24.4	39.6	39.1
<b>Residents requiring restraints.</b>	14	34.1	30.3	31.7
<b>Confused or disoriented residents.</b>	17	41.5	49.7	55.8
<b>Residents with bed sores.</b>	4	9.8	4.2	4.7
<b>Residents receiving special skin care.</b>	11	26.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ELK MANOR HOME

<b>Street Address:</b> RR 1 WALNUT ST BOX 7		<b>City and State:</b> MOLINE KS 67353	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 41	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 38	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 20
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	32	84.2	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	23	60.5	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	20	52.6	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	60.5	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	5.3	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	13	34.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	7	18.4	39.6	39.1
<b>Residents requiring restraints.</b>	15	39.5	30.3	31.7
<b>Confused or disoriented residents.</b>	16	42.1	49.7	55.8
<b>Residents with bed sores.</b>	1	2.6	4.2	4.7
<b>Residents receiving special skin care.</b>	8	21.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BETHEL HOME INC

<b>Street Address:</b> ROUTE 1 AZTEC STREET		<b>City and State:</b> MONTEZUMA KS 67867	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 48	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	75.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	54.2	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	52.1	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	20.8	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.1	1.7	3.6
<b>Residents confined to chairs.</b>	22	45.8	39.6	39.1
<b>Residents requiring restraints.</b>	15	31.3	30.3	31.7
<b>Confused or disoriented residents.</b>	12	25.0	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MORAN MANOR

<b>Street Address:</b> R R 1		<b>City and State:</b> MORAN KS 66755	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 48	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 44	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	33	75.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	34	77.3	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	32	72.7	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	63.6	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	31	70.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.3	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	23	52.3	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	28	63.6	39.6	39.1
<b>Residents requiring restraints.</b>	20	45.5	30.3	31.7
<b>Confused or disoriented residents.</b>	29	65.9	49.7	55.8
<b>Residents with bed sores.</b>	2	4.5	4.2	4.7
<b>Residents receiving special skin care.</b>	2	4.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SUGAR VALLEY HOME INC

<b>Street Address:</b> WEST MAIN		<b>City and State:</b> MOUND CITY KS 66056	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 49	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		20	40.8	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.		32	65.3	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.		22	44.9	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		19	38.8	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.		16	32.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.		6	12.2	25.3	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>		7	14.3	39.6	39.1
<b>Residents requiring restraints.</b>		14	28.6	30.3	31.7
<b>Confused or disoriented residents.</b>		20	40.8	49.7	55.8
<b>Residents with bed sores.</b>		1	2.0	4.2	4.7
<b>Residents receiving special skin care.</b>		5	10.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEMORIAL HOME FOR THE AGED

<b>Street Address:</b> BOX 29		<b>City and State:</b> MOUNDRIDGE KS 67107	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 06/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 39	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 7	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	29	74.4	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	30	76.9	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	20	51.3	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	76.9	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	25	64.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	10	25.6	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.6	1.7	3.6
<b>Residents confined to chairs.</b>	19	48.7	39.6	39.1
<b>Residents requiring restraints.</b>	8	20.5	30.3	31.7
<b>Confused or disoriented residents.</b>	21	53.8	49.7	55.8
<b>Residents with bed sores.</b>	1	2.6	4.2	4.7
<b>Residents receiving special skin care.</b>	9	23.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MERCY HOSP INC SNF

<b>Street Address:</b> 218 E PACK ST		<b>City and State:</b> MOUNDRIDGE KS 67107	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 6	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 1	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	0	0.0	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	1	100	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	1	100	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	0	0.0	44.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	33.9	41.3
<b>Confused or disoriented residents.</b>	0	0.0	50.9	58.4
<b>Residents with bed sores.</b>	0	0.0	6.4	7.1
<b>Residents receiving special skin care.</b>	0	0.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MOUNDRIDGE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
710 N CHRISTIAN AVE		MOUNDRIDGE KS 67107	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	66	NON-PROFIT RELIGIOUS	12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
64	0	28

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	96.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	64.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	56.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	75.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	54.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	33	51.6	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	21.9	25.3	29.3
<b>Completely bedfast residents.</b>	3	4.7	1.7	3.6
<b>Residents confined to chairs.</b>	11	17.2	39.6	39.1
<b>Residents requiring restraints.</b>	17	26.6	30.3	31.7
<b>Confused or disoriented residents.</b>	14	21.9	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	6	9.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MOUNT HOPE NURS CTR

<b>Street Address:</b>  704 E MAIN		<b>City and State:</b>  MOUNT HOPE KS 67108	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  62	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  11/19/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  61	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  26
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	96.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	77.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	67.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	70.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	65.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	3.3	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	26.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	23	37.7	39.6	39.1
<b>Residents requiring restraints.</b>	36	59.0	30.3	31.7
<b>Confused or disoriented residents.</b>	31	50.8	49.7	55.8
<b>Residents with bed sores.</b>	2	3.3	4.2	4.7
<b>Residents receiving special skin care.</b>	5	8.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VILLA MARIA HOME FOR THE AGING

<b>Street Address:</b>		<b>City and State:</b>	
116 S CENTRAL		MULVANE KS 67110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	66	NON-PROFIT OTHER	06/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
66	0	24

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	93.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	75.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	65.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	74.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	66.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	31.8	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	10	15.2	39.6	39.1
<b>Residents requiring restraints.</b>	24	36.4	30.3	31.7
<b>Confused or disoriented residents.</b>	30	45.5	49.7	55.8
<b>Residents with bed sores.</b>	2	3.0	4.2	4.7
<b>Residents receiving special skin care.</b>	3	4.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GOLDEN KEYS NH

<b>Street Address:</b> 221 MILL		<b>City and State:</b> NEODESHA KS 66757	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 64	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 22
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	75.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	69.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	69.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	55.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	69.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	60.3	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.7	1.7	3.6
<b>Residents confined to chairs.</b>	11	19.0	39.6	39.1
<b>Residents requiring restraints.</b>	21	36.2	30.3	31.7
<b>Confused or disoriented residents.</b>	35	60.3	49.7	55.8
<b>Residents with bed sores.</b>	4	6.9	4.2	4.7
<b>Residents receiving special skin care.</b>	17	29.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NEODESHA N H

<b>Street Address:</b> 1626 N 8TH		<b>City and State:</b> NEODESHA KS 66757	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 49	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 30
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	48	98.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	34	69.4	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	24	49.0	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	42.9	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	18	36.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	4.1	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	5	10.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	12	24.5	39.6	39.1
<b>Residents requiring restraints.</b>	7	14.3	30.3	31.7
<b>Confused or disoriented residents.</b>	18	36.7	49.7	55.8
<b>Residents with bed sores.</b>	2	4.1	4.2	4.7
<b>Residents receiving special skin care.</b>	2	4.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NESS COUNTY HOSPITAL DISTRICT #2 LTCU

<b>Street Address:</b> 312 E CUSTER		<b>City and State:</b> NESS CITY KS 67560	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 27	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 10/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 26	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 11	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	76.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	80.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	21	80.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	69.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	53.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	18	69.2	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	30.8	25.3	29.3
<b>Completely bedfast residents.</b>	1	3.8	1.7	3.6
<b>Residents confined to chairs.</b>	11	42.3	39.6	39.1
<b>Residents requiring restraints.</b>	19	73.1	30.3	31.7
<b>Confused or disoriented residents.</b>	19	73.1	49.7	55.8
<b>Residents with bed sores.</b>	3	11.5	4.2	4.7
<b>Residents receiving special skin care.</b>	16	61.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE BETHEL HOME FOR AGED**

<b>Street Address:</b> 222 SOUTH PINE		<b>City and State:</b> NEWTON KS 67114	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 67	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 03/30/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b> 67	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	92.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	50.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	64.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	88.1	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	58.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	29.9	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.5	1.7	3.6
<b>Residents confined to chairs.</b>	31	46.3	39.6	39.1
<b>Residents requiring restraints.</b>	13	19.4	30.3	31.7
<b>Confused or disoriented residents.</b>	25	37.3	49.7	55.8
<b>Residents with bed sores.</b>	1	1.5	4.2	4.7
<b>Residents receiving special skin care.</b>	5	7.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE FRIENDLY ACRES**

<b>Street Address:</b>		<b>City and State:</b>	
200 SOUTHWEST FOURTEENTH BOX 648		NEWTON KS 67114	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	188	NON-PROFIT RELIGIOUS	01/22/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
128	0	64

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	84.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	88.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	71.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	50.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	75.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	28.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	37	28.9	39.6	39.1
<b>Residents requiring restraints.</b>	41	32.0	30.3	31.7
<b>Confused or disoriented residents.</b>	96	75.0	49.7	55.8
<b>Residents with bed sores.</b>	2	1.6	4.2	4.7
<b>Residents receiving special skin care.</b>	16	12.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KANSAS CHRISTIAN HOME

<b>Street Address:</b> 1035 SE 3RD-PO BOX 348		<b>City and State:</b> NEWTON KS 67114	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 115	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 112	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	73.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	70.5	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	50.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	58.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	50.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	31.3	25.3	29.3
<b>Completely bedfast residents.</b>	1	0.9	1.7	3.6
<b>Residents confined to chairs.</b>	40	35.7	39.6	39.1
<b>Residents requiring restraints.</b>	37	33.0	30.3	31.7
<b>Confused or disoriented residents.</b>	72	64.3	49.7	55.8
<b>Residents with bed sores.</b>	13	11.6	4.2	4.7
<b>Residents receiving special skin care.</b>	81	72.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE NEWTON HEALTHCARE BETHEL SNF

<b>Street Address:</b>		<b>City and State:</b>	
411 SOUTHEAST SECOND		NEWTON KS 67114	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	12	NON-PROFIT PRIVATE	01/27/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
4	1	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	4	100	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	4	100	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	100	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	3	75.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	2	50.0	44.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	33.9	41.3
<b>Confused or disoriented residents.</b>	0	0.0	50.9	58.4
<b>Residents with bed sores.</b>	0	0.0	6.4	7.1
<b>Residents receiving special skin care.</b>	0	0.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NEWTON PRESBYTERIAN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1200 E 7TH PO BOX 255		NEWTON KS 67114	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT RELIGIOUS	04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
58	0	10	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	84.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	91.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	60.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	67.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	25.9	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	40	69.0	39.6	39.1
<b>Residents requiring restraints.</b>	21	36.2	30.3	31.7
<b>Confused or disoriented residents.</b>	41	70.7	49.7	55.8
<b>Residents with bed sores.</b>	3	5.2	4.2	4.7
<b>Residents receiving special skin care.</b>	4	6.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ANDBE HOME INC

<b>Street Address:</b> 201 W CRANE		<b>City and State:</b> NORTON KS 67654	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 03/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 38
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	58.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	70.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	58.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	65.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	50.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	25.5	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	50	51.0	39.6	39.1
<b>Residents requiring restraints.</b>	34	34.7	30.3	31.7
<b>Confused or disoriented residents.</b>	59	60.2	49.7	55.8
<b>Residents with bed sores.</b>	3	3.1	4.2	4.7
<b>Residents receiving special skin care.</b>	51	52.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VILLAGE VILLA NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
WALNUT AND TAGGART		NORTONVILLE KS 66060	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	04/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
47	0	19

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	97.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	80.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	63.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	66.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	55.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	3	6.4	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	31.9	25.3	29.3
<b>Completely bedfast residents.</b>	2	4.3	1.7	3.6
<b>Residents confined to chairs.</b>	26	55.3	39.6	39.1
<b>Residents requiring restraints.</b>	17	36.2	30.3	31.7
<b>Confused or disoriented residents.</b>	31	66.0	49.7	55.8
<b>Residents with bed sores.</b>	2	4.3	4.2	4.7
<b>Residents receiving special skin care.</b>	10	21.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAKLEY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
615 PRICE		OAKLEY KS 67748	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	42	PROPRIETARY	07/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
38	0	18

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	97.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	92.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	78.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	92.1	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	28.9	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	20	52.6	39.6	39.1
<b>Residents requiring restraints.</b>	15	39.5	30.3	31.7
<b>Confused or disoriented residents.</b>	24	63.2	49.7	55.8
<b>Residents with bed sores.</b>	2	5.3	4.2	4.7
<b>Residents receiving special skin care.</b>	9	23.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DECATUR CO GOOD SAMARITAN CTR

<b>Street Address:</b>		<b>City and State:</b>	
108 E ASH ST		OBERLIN KS 67749	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	79	NON-PROFIT OTHER	12/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
75	0	25

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	37.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	52.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	46.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	96.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	40.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	18	24.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	18.7	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	38	50.7	39.6	39.1
<b>Residents requiring restraints.</b>	21	28.0	30.3	31.7
<b>Confused or disoriented residents.</b>	40	53.3	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DECATUR CO HOSP LTCU

<b>Street Address:</b> 810 W COLUMBIA		<b>City and State:</b> OBERLIN KS 67749	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 38	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 09/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 36	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 15	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	94.4	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	94.4	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	94.4	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	97.2	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	69.4	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	35	97.2	44.4	50.8
<b>Residents requiring restraints.</b>	25	69.4	33.9	41.3
<b>Confused or disoriented residents.</b>	25	69.4	50.9	58.4
<b>Residents with bed sores.</b>	1	2.8	6.4	7.1
<b>Residents receiving special skin care.</b>	20	55.6	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201 *	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DELMAR GARDENS OF OLATHE

<b>Street Address:</b>		<b>City and State:</b>	
2150 DELMAR GARDENS PLAZA		OLATHE KS 66062	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	235	PROPRIETARY	02/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
123	4	26		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	82.9	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	82.9	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	65.9	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	67.5	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	51.2	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	26.8	30.7	37.7
<b>Completely bedfast residents.</b>	4	3.3	3.5	3.4
<b>Residents confined to chairs.</b>	59	48.0	44.4	50.8
<b>Residents requiring restraints.</b>	55	44.7	33.9	41.3
<b>Confused or disoriented residents.</b>	82	66.7	50.9	58.4
<b>Residents with bed sores.</b>	12	9.8	6.4	7.1
<b>Residents receiving special skin care.</b>	23	18.7	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JOHNSON CO NURSING CTR

<b>Street Address:</b> 1125 W SPRUCE		<b>City and State:</b> OLATHE KS 66061	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 99	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 94	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 94
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	54	57.4	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	55	58.5	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	50	53.2	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	58.5	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	53	56.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	2.1	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	19	20.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	51	54.3	39.6	39.1
<b>Residents requiring restraints.</b>	37	39.4	30.3	31.7
<b>Confused or disoriented residents.</b>	37	39.4	49.7	55.8
<b>Residents with bed sores.</b>	10	10.6	4.2	4.7
<b>Residents receiving special skin care.</b>	12	12.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OLATHE GOOD SAMARITAN CENTER

<b>Street Address:</b> 572 E PARK		<b>City and State:</b> OLATHE KS 66061	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 162	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 158		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 60	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		127	80.4	75.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		124	78.5	70.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		105	66.5	58.7	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		107	67.7	61.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		118	74.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	3.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		38	24.1	25.3	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>		53	33.5	39.6	39.1
<b>Residents requiring restraints.</b>		45	28.5	30.3	31.7
<b>Confused or disoriented residents.</b>		86	54.4	49.7	55.8
<b>Residents with bed sores.</b>		8	5.1	4.2	4.7
<b>Residents receiving special skin care.</b>		10	6.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OLATHE NURSING HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
625 N LINCOLN		OLATHE KS 66061	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	54	PROPRIETARY	01/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
50	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	82.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	88.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	70.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	60.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	60.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	36.0	25.3	29.3
<b>Completely bedfast residents.</b>	5	10.0	1.7	3.6
<b>Residents confined to chairs.</b>	10	20.0	39.6	39.1
<b>Residents requiring restraints.</b>	8	16.0	30.3	31.7
<b>Confused or disoriented residents.</b>	26	52.0	49.7	55.8
<b>Residents with bed sores.</b>	2	4.0	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE REGENCY HEALTH CARE CTR

<b>Street Address:</b> 400 SOUTH ROGERS RD		<b>City and State:</b> OLATHE KS 66062	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 109	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 108	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 74
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	87	80.6	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	83	76.9	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	65	60.2	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	61.1	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	67	62.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	43	39.8	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	0	0.0	44.4	50.8
<b>Residents requiring restraints.</b>	57	52.8	33.9	41.3
<b>Confused or disoriented residents.</b>	62	57.4	50.9	58.4
<b>Residents with bed sores.</b>	7	6.5	6.4	7.1
<b>Residents receiving special skin care.</b>	44	40.7	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROYAL TERRACE CARE CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
201 EAST FLAMING DRIVE		OLATHE KS 66061	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	148	PROPRIETARY	04/28/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
67	4	28			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	66	98.5	83.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	61	91.0	79.1	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	40	59.7	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	46.3	69.9	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	51	76.1	62.4	68.2	
Residents on individually written bowel and bladder retraining program.	1	1.5	3.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	17	25.4	30.7	37.7	
Completely bedfast residents.	0	0.0	3.5	3.4	
Residents confined to chairs.	28	41.8	44.4	50.8	
Residents requiring restraints.	27	40.3	33.9	41.3	
Confused or disoriented residents.	32	47.8	50.9	58.4	
Residents with bed sores.	4	6.0	6.4	7.1	
Residents receiving special skin care.	22	32.8	21.1	31.2	

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE GOLDEN ACRES INC

<b>Street Address:</b>		<b>City and State:</b>	
500 WESTERN STREET		ONAGA KS 66521	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	PROPRIETARY	11/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
53	0	24	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	90.6	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	62.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	52.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	52.8	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	47.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	1.9	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	18.9	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	19	35.8	39.6	39.1
<b>Residents requiring restraints.</b>	15	28.3	30.3	31.7
<b>Confused or disoriented residents.</b>	27	50.9	49.7	55.8
<b>Residents with bed sores.</b>	1	1.9	4.2	4.7
<b>Residents receiving special skin care.</b>	10	18.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OSAGE MANOR INC

<b>Street Address:</b> 10TH + MAIN		<b>City and State:</b> OSAGE CITY KS 66523	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 67	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 20	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	39	67.2	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	41	70.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	39	67.2	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	58.6	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	34	58.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	14	24.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	32	55.2	39.6	39.1
<b>Residents requiring restraints.</b>	21	36.2	30.3	31.7
<b>Confused or disoriented residents.</b>	10	17.2	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	19	32.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE PETERSON NURSING HOME

<b>Street Address:</b> 630 HOLLIDAY		<b>City and State:</b> OSAGE CITY KS 66523	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/29/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	87.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	87.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	34.5	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	34.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	29.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	12.1	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.7	1.7	3.6
<b>Residents confined to chairs.</b>	13	22.4	39.6	39.1
<b>Residents requiring restraints.</b>	0	0.0	30.3	31.7
<b>Confused or disoriented residents.</b>	38	65.5	49.7	55.8
<b>Residents with bed sores.</b>	3	5.2	4.2	4.7
<b>Residents receiving special skin care.</b>	5	8.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE MANOR OF OSAWATOMIE

<b>Street Address:</b> 1615 PARKER AVE		<b>City and State:</b> OSAWATOMIE KS 66064	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 146	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 132	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 89	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	106	80.3	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	90	68.2	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	84	63.6	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	55.3	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	71	53.8	62.4	68.2
Residents on individually written bowel and bladder retraining program.	6	4.5	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	41	31.1	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	65	49.2	44.4	50.8
<b>Residents requiring restraints.</b>	47	35.6	33.9	41.3
<b>Confused or disoriented residents.</b>	85	64.4	50.9	58.4
<b>Residents with bed sores.</b>	10	7.6	6.4	7.1
<b>Residents receiving special skin care.</b>	24	18.2	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARKVIEW MANOR CARE CENTER

<b>Street Address:</b> 811 N 1ST ST		<b>City and State:</b> OSBORNE KS 67473	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 104	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 85	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 41	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	45	52.9	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	73	85.9	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	51	60.0	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	62.4	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	42	49.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	28	32.9	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.2	1.7	3.6
<b>Residents confined to chairs.</b>	46	54.1	39.6	39.1
<b>Residents requiring restraints.</b>	24	28.2	30.3	31.7
<b>Confused or disoriented residents.</b>	58	68.2	49.7	55.8
<b>Residents with bed sores.</b>	5	5.9	4.2	4.7
<b>Residents receiving special skin care.</b>	23	27.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHEROKEE LODGE ADULT CARE

<b>Street Address:</b> 700 CHEROKEE BOX 307		<b>City and State:</b> OSKALOOSA KS 66066	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 94	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 43
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	71	75.5	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	71	75.5	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	68	72.3	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	75.5	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	55	58.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	54	57.4	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	38	40.4	25.3	29.3
<b>Completely bedfast residents.</b>	3	3.2	1.7	3.6
<b>Residents confined to chairs.</b>	41	43.6	39.6	39.1
<b>Residents requiring restraints.</b>	43	45.7	30.3	31.7
<b>Confused or disoriented residents.</b>	43	45.7	49.7	55.8
<b>Residents with bed sores.</b>	6	6.4	4.2	4.7
<b>Residents receiving special skin care.</b>	23	24.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE OSWEGO GUEST HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
COLLEGE RD PO BOX 26		OSWEGO KS 67356	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	03/11/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
54	0	35

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	98.1	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	96.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	53.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	40.7	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	53.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	3	5.6	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	20.4	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	11	20.4	39.6	39.1
<b>Residents requiring restraints.</b>	14	25.9	30.3	31.7
<b>Confused or disoriented residents.</b>	15	27.8	49.7	55.8
<b>Residents with bed sores.</b>	3	5.6	4.2	4.7
<b>Residents receiving special skin care.</b>	5	9.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CRESTVIEW NH

<b>Street Address:</b>		<b>City and State:</b>	
1002 W 7TH TERR		OTTAWA KS 66067	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	51	PROPRIETARY	01/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
51		0		27	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		44	86.3	75.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		48	94.1	70.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		33	64.7	58.7	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	60.8	61.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		29	56.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.		1	2.0	3.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		21	41.2	25.3	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>		13	25.5	39.6	39.1
<b>Residents requiring restraints.</b>		27	52.9	30.3	31.7
<b>Confused or disoriented residents.</b>		45	88.2	49.7	55.8
<b>Residents with bed sores.</b>		0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>		2	3.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OTTAWA RETIREMENT VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
1100 WEST 15TH		OTTAWA KS 66067	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	07/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
117		0		39	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		106	90.6	75.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		79	67.5	70.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		80	68.4	58.7	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		80	68.4	61.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		73	62.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.		32	27.4	3.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		38	32.5	25.3	29.3
<b>Completely bedfast residents.</b>		4	3.4	1.7	3.6
<b>Residents confined to chairs.</b>		33	28.2	39.6	39.1
<b>Residents requiring restraints.</b>		41	35.0	30.3	31.7
<b>Confused or disoriented residents.</b>		36	30.8	49.7	55.8
<b>Residents with bed sores.</b>		4	3.4	4.2	4.7
<b>Residents receiving special skin care.</b>		30	25.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BROOKSIDE MANOR INC

<b>Street Address:</b> HIGHWAY 56 PO BOX 327		<b>City and State:</b> OVERBROOK KS 66524	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 46	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	94.9	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	90.8	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	70.4	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	95.9	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	60.2	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	54	55.1	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	72	73.5	44.4	50.8
<b>Residents requiring restraints.</b>	18	18.4	33.9	41.3
<b>Confused or disoriented residents.</b>	46	46.9	50.9	58.4
<b>Residents with bed sores.</b>	4	4.1	6.4	7.1
<b>Residents receiving special skin care.</b>	1	1.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE INDIAN MEADOWS NURSING CENTER

<b>Street Address:</b> 6505 WEST 103RD STREET		<b>City and State:</b> OVERLAND PARK KS 66212	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 117	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 55	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 55	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	80.0	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	69.1	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	58.2	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	61.8	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	69.1	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	23.6	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	18	32.7	44.4	50.8
<b>Residents requiring restraints.</b>	28	50.9	33.9	41.3
<b>Confused or disoriented residents.</b>	35	63.6	50.9	58.4
<b>Residents with bed sores.</b>	2	3.6	6.4	7.1
<b>Residents receiving special skin care.</b>	17	30.9	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIFE CARE CTR OF OVERLAND PARK

<b>Street Address:</b>		<b>City and State:</b>	
7541 SWITZER ROAD		OVERLAND PARK KS 66214	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	173	PROPRIETARY	11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
94	7	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	60.6	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	76.6	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	60.6	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	66.0	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	62	66.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	26.6	30.7	37.7
<b>Completely bedfast residents.</b>	1	1.1	3.5	3.4
<b>Residents confined to chairs.</b>	20	21.3	44.4	50.8
<b>Residents requiring restraints.</b>	16	17.0	33.9	41.3
<b>Confused or disoriented residents.</b>	44	46.8	50.9	58.4
<b>Residents with bed sores.</b>	4	4.3	6.4	7.1
<b>Residents receiving special skin care.</b>	18	19.1	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE RIVERVIEW MANOR INC

<b>Street Address:</b> 200 S OHIO		<b>City and State:</b> OXFORD KS 67119	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 10/02/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 20
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

<b>Bathing</b> Residents requiring some or total assistance in bathing.	43	86.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	30	60.0	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	29	58.0	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	12	24.0	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.0	1.7	3.6
<b>Residents confined to chairs.</b>	23	46.0	39.6	39.1
<b>Residents requiring restraints.</b>	25	50.0	30.3	31.7
<b>Confused or disoriented residents.</b>	38	76.0	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	8	16.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COUNTRY HAVEN ADULT CARE CTR

<b>Street Address:</b> 908 N PEARL ST		<b>City and State:</b> PAOLA KS 66071	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 78	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 43
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	78.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	74.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	53.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	71.8	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	53.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	15	19.2	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	28.2	25.3	29.3
<b>Completely bedfast residents.</b>	2	2.6	1.7	3.6
<b>Residents confined to chairs.</b>	40	51.3	39.6	39.1
<b>Residents requiring restraints.</b>	31	39.7	30.3	31.7
<b>Confused or disoriented residents.</b>	53	67.9	49.7	55.8
<b>Residents with bed sores.</b>	2	2.6	4.2	4.7
<b>Residents receiving special skin care.</b>	3	3.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MEDICAL LODGE OF PAOLA

<b>Street Address:</b>		<b>City and State:</b>	
501 ASSEMBLY LANE		PAOLA KS 66071	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	96	NON-PROFIT PRIVATE	04/07/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
93	0	90	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	19.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	23.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	28.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	28.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	10.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	8.6	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	1	1.1	39.6	39.1
<b>Residents requiring restraints.</b>	4	4.3	30.3	31.7
<b>Confused or disoriented residents.</b>	15	16.1	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	15	16.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PINE CREST HAVEN INC

<b>Street Address:</b> 1004 N PEARL		<b>City and State:</b> PAOLA KS 66071	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 15	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	40	83.3	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	42	87.5	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	36	75.0	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	43	89.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	24	50.0	25.3	29.3
<b>Completely bedfast residents.</b>	3	6.3	1.7	3.6
<b>Residents confined to chairs.</b>	27	56.3	39.6	39.1
<b>Residents requiring restraints.</b>	15	31.3	30.3	31.7
<b>Confused or disoriented residents.</b>	30	62.5	49.7	55.8
<b>Residents with bed sores.</b>	7	14.6	4.2	4.7
<b>Residents receiving special skin care.</b>	27	56.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ELMHAVEN CARE HOME

<b>Street Address:</b>		<b>City and State:</b>	
1315 S 15TH		PARSONS KS 67357	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	0	27

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	76.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	61.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	55.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	55.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	54.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	15.3	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	20	33.9	39.6	39.1
<b>Residents requiring restraints.</b>	13	22.0	30.3	31.7
<b>Confused or disoriented residents.</b>	13	22.0	49.7	55.8
<b>Residents with bed sores.</b>	2	3.4	4.2	4.7
<b>Residents receiving special skin care.</b>	2	3.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HOME

<b>Street Address:</b> 1400 S 15TH		<b>City and State:</b> PARSONS KS 67357	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 48	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 37	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	68.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	66.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	60.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	79.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	56.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	22.9	25.3	29.3
<b>Completely bedfast residents.</b>	2	4.2	1.7	3.6
<b>Residents confined to chairs.</b>	19	39.6	39.6	39.1
<b>Residents requiring restraints.</b>	11	22.9	30.3	31.7
<b>Confused or disoriented residents.</b>	2	4.2	49.7	55.8
<b>Residents with bed sores.</b>	2	4.2	4.2	4.7
<b>Residents receiving special skin care.</b>	5	10.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARSONS GOOD SAMARITAN CTR

<b>Street Address:</b> 709 LEAWOOD DR		<b>City and State:</b> PARSONS KS 67357	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 66	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 04/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 35
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	54	90.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	52	86.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	41	68.3	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	81.7	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	40	66.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	8	13.3	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	20	33.3	25.3	29.3
<b>Completely bedfast residents.</b>	6	10.0	1.7	3.6
<b>Residents confined to chairs.</b>	34	56.7	39.6	39.1
<b>Residents requiring restraints.</b>	25	41.7	30.3	31.7
<b>Confused or disoriented residents.</b>	10	16.7	49.7	55.8
<b>Residents with bed sores.</b>	7	11.7	4.2	4.7
<b>Residents receiving special skin care.</b>	19	31.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARSONS PRESBYTERIAN MANOR INC

<b>Street Address:</b> 3501 DIRR		<b>City and State:</b> PARSONS KS 67357	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 47	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 08/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 38		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 8	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		38	100	75.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		35	92.1	70.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		32	84.2	58.7	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		24	63.2	61.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		25	65.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.		2	5.3	3.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		8	21.1	25.3	29.3
<b>Completely bedfast residents.</b>		2	5.3	1.7	3.6
<b>Residents confined to chairs.</b>		15	39.5	39.6	39.1
<b>Residents requiring restraints.</b>		15	39.5	30.3	31.7
<b>Confused or disoriented residents.</b>		16	42.1	49.7	55.8
<b>Residents with bed sores.</b>		0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>		2	5.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTBROOK MANOR NSG CTR

<b>Street Address:</b>  3500 W BROADWAY		<b>City and State:</b>  PARSONS KS 67357	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  96	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  94	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  60		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	54.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	63.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	51.1	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	55.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	41.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	48.9	25.3	29.3
<b>Completely bedfast residents.</b>	2	2.1	1.7	3.6
<b>Residents confined to chairs.</b>	33	35.1	39.6	39.1
<b>Residents requiring restraints.</b>	20	21.3	30.3	31.7
<b>Confused or disoriented residents.</b>	51	54.3	49.7	55.8
<b>Residents with bed sores.</b>	1	1.1	4.2	4.7
<b>Residents receiving special skin care.</b>	9	9.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## PEABODY MEM N H INC

<b>Street Address:</b>		<b>City and State:</b>	
407 N LOCUST		PEABODY KS 66866	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	LOCAL GOVERNMENT	06/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
74	0	28	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	90.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	75.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	55.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	66.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	47.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	4	5.4	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	18.9	25.3	29.3
<b>Completely bedfast residents.</b>	2	2.7	1.7	3.6
<b>Residents confined to chairs.</b>	37	50.0	39.6	39.1
<b>Residents requiring restraints.</b>	19	25.7	30.3	31.7
<b>Confused or disoriented residents.</b>	33	44.6	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	6.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTVIEW MANOR

<b>Street Address:</b> 4TH AND PEABODY		<b>City and State:</b> PEABODY KS 66866	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 52	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 49	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 44
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	42.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	14	28.6	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	8.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	28.6	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	5	10.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	4	8.2	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	2.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	1	2.0	39.6	39.1
<b>Residents requiring restraints.</b>	1	2.0	30.3	31.7
<b>Confused or disoriented residents.</b>	49	100	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	1	2.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EVERGREEN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
EAST HWY US 36 BOX 628		PHILLIPSBURG KS 67661	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	64	NON-PROFIT PRIVATE	09/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
45	0	31

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	97.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	73.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	60.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	71.1	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	64.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	28.9	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.2	1.7	3.6
<b>Residents confined to chairs.</b>	12	26.7	39.6	39.1
<b>Residents requiring restraints.</b>	17	37.8	30.3	31.7
<b>Confused or disoriented residents.</b>	31	68.9	49.7	55.8
<b>Residents with bed sores.</b>	2	4.4	4.2	4.7
<b>Residents receiving special skin care.</b>	4	8.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PHILLIPS CO HOME

<b>Street Address:</b>		<b>City and State:</b>	
784 6TH ST		PHILLIPSBURG KS 67661	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	30	LOCAL GOVERNMENT	12/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
29	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	29	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	93.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	82.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	79.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	86.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	3.4	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	37.9	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	18	62.1	39.6	39.1
<b>Residents requiring restraints.</b>	15	51.7	30.3	31.7
<b>Confused or disoriented residents.</b>	17	58.6	49.7	55.8
<b>Residents with bed sores.</b>	7	24.1	4.2	4.7
<b>Residents receiving special skin care.</b>	9	31.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE PHILLIPS COUNTY HOSP LTCU

<b>Street Address:</b> 1150 STATE ST		<b>City and State:</b> PHILLIPSBURG KS 67661	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 33	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 33	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 7		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	1	3.0	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	29	87.9	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	84.8	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	84.8	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	90.9	62.4	68.2
Residents on individually written bowel and bladder retraining program.	15	45.5	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	39.4	30.7	37.7
<b>Completely bedfast residents.</b>	1	3.0	3.5	3.4
<b>Residents confined to chairs.</b>	21	63.6	44.4	50.8
<b>Residents requiring restraints.</b>	17	51.5	33.9	41.3
<b>Confused or disoriented residents.</b>	25	75.8	50.9	58.4
<b>Residents with bed sores.</b>	1	3.0	6.4	7.1
<b>Residents receiving special skin care.</b>	4	12.1	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BEVERLY NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1005 CENTENNIAL		PITTSBURG KS 66762	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	03/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
96	0	62	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	63.5	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	62.5	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	63.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	63.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	2.1	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	34.4	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	48	50.0	39.6	39.1
<b>Residents requiring restraints.</b>	24	25.0	30.3	31.7
<b>Confused or disoriented residents.</b>	68	70.8	49.7	55.8
<b>Residents with bed sores.</b>	3	3.1	4.2	4.7
<b>Residents receiving special skin care.</b>	2	2.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDICALODGE NORTH OF PITTSBURG

<b>Street Address:</b>  2614 NORTH JOPLIN		<b>City and State:</b>  PITTSBURG KS 66762	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  80	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  01/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  77	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  51
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	93.5	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	89.6	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	76.6	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	83.1	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	89.6	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	33.8	30.7	37.7
<b>Completely bedfast residents.</b>	1	1.3	3.5	3.4
<b>Residents confined to chairs.</b>	28	36.4	44.4	50.8
<b>Residents requiring restraints.</b>	31	40.3	33.9	41.3
<b>Confused or disoriented residents.</b>	38	49.4	50.9	58.4
<b>Residents with bed sores.</b>	1	1.3	6.4	7.1
<b>Residents receiving special skin care.</b>	10	13.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDICALODGE SOUTH OF PITTSBURG

<b>Street Address:</b>		<b>City and State:</b>	
2520 S ROUSE		PITTSBURG KS 66762	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
93	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	74.2	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	81.7	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	75.3	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.1	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	76.3	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	33.3	30.7	37.7
<b>Completely bedfast residents.</b>	3	3.2	3.5	3.4
<b>Residents confined to chairs.</b>	49	52.7	44.4	50.8
<b>Residents requiring restraints.</b>	40	43.0	33.9	41.3
<b>Confused or disoriented residents.</b>	57	61.3	50.9	58.4
<b>Residents with bed sores.</b>	6	6.5	6.4	7.1
<b>Residents receiving special skin care.</b>	40	43.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROOKS CO HOME

<b>Street Address:</b>		<b>City and State:</b>	
1000 S WASHINGTON		PLAINVILLE KS 67663	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	52	LOCAL GOVERNMENT	12/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
46	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	73.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	71.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	58.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	80.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	54.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	23.9	25.3	29.3
<b>Completely bedfast residents.</b>	2	4.3	1.7	3.6
<b>Residents confined to chairs.</b>	15	32.6	39.6	39.1
<b>Residents requiring restraints.</b>	17	37.0	30.3	31.7
<b>Confused or disoriented residents.</b>	10	21.7	49.7	55.8
<b>Residents with bed sores.</b>	1	2.2	4.2	4.7
<b>Residents receiving special skin care.</b>	1	2.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PLEASANT VIEW MANOR

<b>Street Address:</b> 1005 W 15TH		<b>City and State:</b> PLEASANTON KS 66075	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/13/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	11	27.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	65.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	55.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	52.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.5	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	17.5	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	19	47.5	39.6	39.1
<b>Residents requiring restraints.</b>	9	22.5	30.3	31.7
<b>Confused or disoriented residents.</b>	12	30.0	49.7	55.8
<b>Residents with bed sores.</b>	3	7.5	4.2	4.7
<b>Residents receiving special skin care.</b>	3	7.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIFECARE OF PRATT

<b>Street Address:</b> 1221 LARIMER		<b>City and State:</b> PRATT KS 67124	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 87	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/13/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 79	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	94.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	72.2	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	69.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	70.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	62.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	39.2	25.3	29.3
<b>Completely bedfast residents.</b>	7	8.9	1.7	3.6
<b>Residents confined to chairs.</b>	21	26.6	39.6	39.1
<b>Residents requiring restraints.</b>	20	25.3	30.3	31.7
<b>Confused or disoriented residents.</b>	47	59.5	49.7	55.8
<b>Residents with bed sores.</b>	2	2.5	4.2	4.7
<b>Residents receiving special skin care.</b>	3	3.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PRATT REGIONAL MEDICAL CENTER

<b>Street Address:</b>		<b>City and State:</b>	
200 COMMODORE		PRATT KS 67124	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	15	LOCAL GOVERNMENT	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
7	6	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	6	85.7	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	6	85.7	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	6	85.7	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	3	42.9	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	14.3	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	2	28.6	44.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	33.9	41.3
<b>Confused or disoriented residents.</b>	2	28.6	50.9	58.4
<b>Residents with bed sores.</b>	1	14.3	6.4	7.1
<b>Residents receiving special skin care.</b>	2	28.6	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SIESTA HOME OF PRATT

<b>Street Address:</b> 227 S HOWARD		<b>City and State:</b> PRATT KS 67124	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 55	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 45		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 23	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b> Residents requiring some or total assistance in bathing.		39	86.7	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.		39	86.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.		25	55.6	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		30	66.7	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.		18	40.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.		1	2.2	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.		17	37.8	25.3	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>		8	17.8	39.6	39.1
<b>Residents requiring restraints.</b>		16	35.6	30.3	31.7
<b>Confused or disoriented residents.</b>		30	66.7	49.7	55.8
<b>Residents with bed sores.</b>		1	2.2	4.2	4.7
<b>Residents receiving special skin care.</b>		6	13.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PRESCOTT COUNTRY VIEW NH

<b>Street Address:</b>  HIGHWAY 69 BOX 37		<b>City and State:</b>  PRESCOTT KS 66767	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  50	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  11
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	38	76.0	75.7	78.3
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	43	86.0	70.0	76.7
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	33	66.0	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	86.0	61.8	66.0
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	55.8	59.1
 Residents on individually written bowel and bladder retraining program.	2	4.0	3.8	6.1
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	11	22.0	25.3	29.3
 <b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
 <b>Residents confined to chairs.</b>	19	38.0	39.6	39.1
 <b>Residents requiring restraints.</b>	22	44.0	30.3	31.7
 <b>Confused or disoriented residents.</b>	30	60.0	49.7	55.8
 <b>Residents with bed sores.</b>	3	6.0	4.2	4.7
 <b>Residents receiving special skin care.</b>	5	10.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PRAIRIE SUNSET HOME

<b>Street Address:</b>		<b>City and State:</b>	
601 E MAIN ST		PRETTY PRAIRIE KS 67570	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	45	NON-PROFIT RELIGIOUS	05/13/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
44	0	11

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	93.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	72.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	68.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	65.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	75.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	15.9	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	27	61.4	39.6	39.1
<b>Residents requiring restraints.</b>	15	34.1	30.3	31.7
<b>Confused or disoriented residents.</b>	30	68.2	49.7	55.8
<b>Residents with bed sores.</b>	1	2.3	4.2	4.7
<b>Residents receiving special skin care.</b>	16	36.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROTECTION VALLEY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
600 S BROADWAY BOX 448		PROTECTION KS 67127	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	06/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
48	0	41

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	54.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	50.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	45.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	66.7	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	64.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.1	1.7	3.6
<b>Residents confined to chairs.</b>	7	14.6	39.6	39.1
<b>Residents requiring restraints.</b>	10	20.8	30.3	31.7
<b>Confused or disoriented residents.</b>	27	56.3	49.7	55.8
<b>Residents with bed sores.</b>	2	4.2	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GOVE COUNTY HOSPITAL LTCU

<b>Street Address:</b>		<b>City and State:</b>	
5TH + GARFIELD		QUINTER KS 67752	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	43	LOCAL GOVERNMENT	06/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
43	0	15		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	88.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	72.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	60.5	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	51.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	51.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	4	9.3	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	16.3	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.3	1.7	3.6
<b>Residents confined to chairs.</b>	11	25.6	39.6	39.1
<b>Residents requiring restraints.</b>	14	32.6	30.3	31.7
<b>Confused or disoriented residents.</b>	18	41.9	49.7	55.8
<b>Residents with bed sores.</b>	2	4.7	4.2	4.7
<b>Residents receiving special skin care.</b>	4	9.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRISELL MEM HOSP LTC

<b>Street Address:</b> PO BOX 268		<b>City and State:</b> RANSOM KS 67571	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 33	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 14		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	23	71.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	65.6	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	56.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	81.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	53.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	25.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	21	65.6	39.6	39.1
<b>Residents requiring restraints.</b>	14	43.8	30.3	31.7
<b>Confused or disoriented residents.</b>	16	50.0	49.7	55.8
<b>Residents with bed sores.</b>	3	9.4	4.2	4.7
<b>Residents receiving special skin care.</b>	10	31.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAKHAVEN NURSING CENTER

<b>Street Address:</b>  340 SOUTH ST		<b>City and State:</b>  RICHMOND KS 66080	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  53	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  07/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  52	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  20
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	78.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	63.5	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	65.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	61.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	44.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	30	57.7	39.6	39.1
<b>Residents requiring restraints.</b>	22	42.3	30.3	31.7
<b>Confused or disoriented residents.</b>	38	73.1	49.7	55.8
<b>Residents with bed sores.</b>	2	3.8	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE VILLAGE OF ROSE HILL

<b>Street Address:</b> 601 N ROSE HILL RD		<b>City and State:</b> ROSE HILL KS 67133	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 49
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	41	71.9	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	38	66.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	29	50.9	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	59.6	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	28	49.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	3.5	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	12	21.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	30	52.6	39.6	39.1
<b>Residents requiring restraints.</b>	9	15.8	30.3	31.7
<b>Confused or disoriented residents.</b>	22	38.6	49.7	55.8
<b>Residents with bed sores.</b>	2	3.5	4.2	4.7
<b>Residents receiving special skin care.</b>	7	12.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROSSVILLE VALLEY MANOR

<b>Street Address:</b> 600 PERRY BOX 328		<b>City and State:</b> ROSSVILLE KS 66533	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 91	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 88	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 31	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	97.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	75.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	48.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	45.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	56.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	17.0	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.1	1.7	3.6
<b>Residents confined to chairs.</b>	41	46.6	39.6	39.1
<b>Residents requiring restraints.</b>	23	26.1	30.3	31.7
<b>Confused or disoriented residents.</b>	46	52.3	49.7	55.8
<b>Residents with bed sores.</b>	2	2.3	4.2	4.7
<b>Residents receiving special skin care.</b>	9	10.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ALA FERN NH

<b>Street Address:</b> 225 EAST JEWELL		<b>City and State:</b> RUSSELL KS 67665	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 46	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 44	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 41		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	13	29.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	14	31.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	6	13.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	20.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	27.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	9.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	6	13.6	39.6	39.1
<b>Residents requiring restraints.</b>	3	6.8	30.3	31.7
<b>Confused or disoriented residents.</b>	10	22.7	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	2	4.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RUSSELL KARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
320 SOUTH LINCOLN		RUSSELL KS 67665	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	63	PROPRIETARY	11/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
63	0	37

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	88.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	66.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	54.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	79.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	68.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	4	6.3	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	20.6	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.6	1.7	3.6
<b>Residents confined to chairs.</b>	39	61.9	39.6	39.1
<b>Residents requiring restraints.</b>	22	34.9	30.3	31.7
<b>Confused or disoriented residents.</b>	31	49.2	49.7	55.8
<b>Residents with bed sores.</b>	3	4.8	4.2	4.7
<b>Residents receiving special skin care.</b>	16	25.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE APOSTOLIC CHRISTIAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
511 PARAMOUNT ST		SABETHA KS 66534	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	91	NON-PROFIT RELIGIOUS	10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
89	0	20

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	73	82.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	67.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	94.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	98.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	13	14.6	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	40.4	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	65	73.0	39.6	39.1
<b>Residents requiring restraints.</b>	40	44.9	30.3	31.7
<b>Confused or disoriented residents.</b>	53	59.6	49.7	55.8
<b>Residents with bed sores.</b>	4	4.5	4.2	4.7
<b>Residents receiving special skin care.</b>	9	10.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FOUNTAIN VILLA CARE CTR

<b>Street Address:</b> 913 DAKOTA ST		<b>City and State:</b> SABETHA KS 66534	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		54	90.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.		47	78.3	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.		32	53.3	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		36	60.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.		26	43.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.		12	20.0	25.3	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>		24	40.0	39.6	39.1
<b>Residents requiring restraints.</b>		18	30.0	30.3	31.7
<b>Confused or disoriented residents.</b>		28	46.7	49.7	55.8
<b>Residents with bed sores.</b>		0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>		12	20.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SABETHA MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1441 OREGON		SABETHA KS 66534	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	PROPRIETARY	04/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
52	0	38

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	92.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	63.5	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	55.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	59.6	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	50.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	26.9	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.9	1.7	3.6
<b>Residents confined to chairs.</b>	38	73.1	39.6	39.1
<b>Residents requiring restraints.</b>	21	40.4	30.3	31.7
<b>Confused or disoriented residents.</b>	15	28.8	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	6	11.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GOOD SAMARITAN VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
SOUTH SIDE HWY 36-BOX 747		SAINT FRANCIS KS 67756	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	57	NON-PROFIT PRIVATE	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
57	0	22	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	100	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	68.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	49.1	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	63.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	57.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	24.6	25.3	29.3
<b>Completely bedfast residents.</b>	3	5.3	1.7	3.6
<b>Residents confined to chairs.</b>	27	47.4	39.6	39.1
<b>Residents requiring restraints.</b>	18	31.6	30.3	31.7
<b>Confused or disoriented residents.</b>	57	100	49.7	55.8
<b>Residents with bed sores.</b>	7	12.3	4.2	4.7
<b>Residents receiving special skin care.</b>	1	1.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HEARTHSTONE NURSING CENTER

<b>Street Address:</b> 4TH AND SANTA FE		<b>City and State:</b> SAINT JOHN KS 67576	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 68	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 51	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 28
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	42	82.4	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	44	86.3	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	32	62.7	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	86.3	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	36	70.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	25	49.0	25.3	29.3
<b>Completely bedfast residents.</b>	2	3.9	1.7	3.6
<b>Residents confined to chairs.</b>	28	54.9	39.6	39.1
<b>Residents requiring restraints.</b>	14	27.5	30.3	31.7
<b>Confused or disoriented residents.</b>	43	84.3	49.7	55.8
<b>Residents with bed sores.</b>	3	5.9	4.2	4.7
<b>Residents receiving special skin care.</b>	3	5.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ST MARY'S MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
206 GRAND AVENUE		SAINT MARYS KS 66536	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	11/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
50	0	22	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	98.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	68.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	80.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	8	16.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	28.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	23	46.0	39.6	39.1
<b>Residents requiring restraints.</b>	19	38.0	30.3	31.7
<b>Confused or disoriented residents.</b>	38	76.0	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	10.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KENWOOD VIEW NURS HOME

<b>Street Address:</b>		<b>City and State:</b>	
900 ELMHURST BOULEVARD		SALINA KS 67401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	94	NON-PROFIT OTHER	11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
90	0	66

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	91.1	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	70	77.8	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	62.2	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	65.6	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	64.4	62.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	22.2	30.7	37.7
<b>Completely bedfast residents.</b>	1	1.1	3.5	3.4
<b>Residents confined to chairs.</b>	41	45.6	44.4	50.8
<b>Residents requiring restraints.</b>	33	36.7	33.9	41.3
<b>Confused or disoriented residents.</b>	54	60.0	50.9	58.4
<b>Residents with bed sores.</b>	7	7.8	6.4	7.1
<b>Residents receiving special skin care.</b>	25	27.8	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE SALINA NURS CTR INC

<b>Street Address:</b> 1007 JOHNSTOWN		<b>City and State:</b> SALINA KS 67401	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 106	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/25/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 101	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 51
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	101	100	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	69	68.3	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	66	65.3	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	54.5	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	57	56.4	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	42	41.6	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	62	61.4	44.4	50.8
<b>Residents requiring restraints.</b>	46	45.5	33.9	41.3
<b>Confused or disoriented residents.</b>	55	54.5	50.9	58.4
<b>Residents with bed sores.</b>	3	3.0	6.4	7.1
<b>Residents receiving special skin care.</b>	20	19.8	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SALINA PRESBYTERIAN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
2601 E CRAWFORD		SALINA KS 67401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT RELIGIOUS	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
47	0	3

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	76.6	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	76.6	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	76.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	31.9	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	28	59.6	39.6	39.1
<b>Residents requiring restraints.</b>	25	53.2	30.3	31.7
<b>Confused or disoriented residents.</b>	32	68.1	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	2	4.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SHALIMAR PLAZA N H

<b>Street Address:</b>		<b>City and State:</b>	
2054 LAMBERTSON LANE		SALINA KS 67401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	46	PROPRIETARY	07/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
45	0	12		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	66.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	66.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	64.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	53.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	64.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	12	26.7	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	35.6	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.2	1.7	3.6
<b>Residents confined to chairs.</b>	20	44.4	39.6	39.1
<b>Residents requiring restraints.</b>	16	35.6	30.3	31.7
<b>Confused or disoriented residents.</b>	25	55.6	49.7	55.8
<b>Residents with bed sores.</b>	7	15.6	4.2	4.7
<b>Residents receiving special skin care.</b>	17	37.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WINDSOR ESTATES NURSING HOME

<b>Street Address:</b> 623 S THIRD ST		<b>City and State:</b> SALINA KS 67401	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 56	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 10	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	89.3	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	89.3	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	89.3	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	89.3	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	89.3	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	51.8	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	20	35.7	44.4	50.8
<b>Residents requiring restraints.</b>	21	37.5	33.9	41.3
<b>Confused or disoriented residents.</b>	39	69.6	50.9	58.4
<b>Residents with bed sores.</b>	4	7.1	6.4	7.1
<b>Residents receiving special skin care.</b>	19	33.9	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SATANTA DISTRICT HOSP LTCU

<b>Street Address:</b>  BOX 159		<b>City and State:</b>  SATANTA KS 67870	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  29	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  08/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  24	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  9
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	19	79.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	18	75.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	66.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	79.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	13	54.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	25.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	12	50.0	39.6	39.1
<b>Residents requiring restraints.</b>	9	37.5	30.3	31.7
<b>Confused or disoriented residents.</b>	10	41.7	49.7	55.8
<b>Residents with bed sores.</b>	1	4.2	4.2	4.7
<b>Residents receiving special skin care.</b>	9	37.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARK LANE NURSING HOME

<b>Street Address:</b> 13TH + COLLEGE STS		<b>City and State:</b> SCOTT CITY KS 67871	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 84	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 04/28/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
84	0	26			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	81	96.4	75.7	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	60	71.4	70.0	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	48	57.1	58.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	47.6	61.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	34	40.5	55.8	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	17	20.2	25.3	29.3	
Completely bedfast residents.	1	1.2	1.7	3.6	
Residents confined to chairs.	41	48.8	39.6	39.1	
Residents requiring restraints.	20	23.8	30.3	31.7	
Confused or disoriented residents.	34	40.5	49.7	55.8	
Residents with bed sores.	0	0.0	4.2	4.7	
Residents receiving special skin care.	0	0.0	15.6	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PLEASANT VALLEY MANOR INC

<b>Street Address:</b> BOX 40 623 E ELM ST		<b>City and State:</b> SEDAN KS 67361	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 83	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 68	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 46	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	53	77.9	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	46	67.6	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	42	61.8	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	83.8	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	26	38.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	2.9	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	20	29.4	25.3	29.3
<b>Completely bedfast residents.</b>	3	4.4	1.7	3.6
<b>Residents confined to chairs.</b>	20	29.4	39.6	39.1
<b>Residents requiring restraints.</b>	36	52.9	30.3	31.7
<b>Confused or disoriented residents.</b>	37	54.4	49.7	55.8
<b>Residents with bed sores.</b>	5	7.4	4.2	4.7
<b>Residents receiving special skin care.</b>	4	5.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SEDGWICK CONVALESCENT CENTER

<b>Street Address:</b>  712 MONROE BOX 49		<b>City and State:</b>  SEDGWICK KS 67135	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  95	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  72	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  34
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	55.6	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	66.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	63.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	50.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	43.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	11.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	7	9.7	39.6	39.1
<b>Residents requiring restraints.</b>	23	31.9	30.3	31.7
<b>Confused or disoriented residents.</b>	30	41.7	49.7	55.8
<b>Residents with bed sores.</b>	2	2.8	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE COUNTRY VIEW ESTATES

<b>Street Address:</b> 512 COMMUNITY DR		<b>City and State:</b> SENECA KS 66538	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 75	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 73	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	43	58.9	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	50	68.5	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	33	45.2	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	64.4	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	29	39.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	16	21.9	25.3	29.3
<b>Completely bedfast residents.</b>	3	4.1	1.7	3.6
<b>Residents confined to chairs.</b>	39	53.4	39.6	39.1
<b>Residents requiring restraints.</b>	17	23.3	30.3	31.7
<b>Confused or disoriented residents.</b>	24	32.9	49.7	55.8
<b>Residents with bed sores.</b>	3	4.1	4.2	4.7
<b>Residents receiving special skin care.</b>	9	12.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CRESTVIEW MANOR

<b>Street Address:</b>  808 N 8TH		<b>City and State:</b>  SENECA KS 66538	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  02/15/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  46	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  5
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	58.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	54.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	19	41.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	41.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	37.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	4.3	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	17.4	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	11	23.9	39.6	39.1
<b>Residents requiring restraints.</b>	17	37.0	30.3	31.7
<b>Confused or disoriented residents.</b>	12	26.1	49.7	55.8
<b>Residents with bed sores.</b>	1	2.2	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PRAIRIE MANOR REST HOME

<b>Street Address:</b> 408 E 6TH ST BOX 129		<b>City and State:</b> SHARON SPRINGS KS 67758	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 28	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 27		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 12			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
				<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				25	92.6	75.7	78.3
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				15	55.6	70.0	76.7
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				12	44.4	58.7	63.4
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				25	92.6	61.8	66.0
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				15	55.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.				5	18.5	3.8	6.1
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				2	7.4	25.3	29.3
<b>Completely bedfast residents.</b>				0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>				10	37.0	39.6	39.1
<b>Residents requiring restraints.</b>				2	7.4	30.3	31.7
<b>Confused or disoriented residents.</b>				6	22.2	49.7	55.8
<b>Residents with bed sores.</b>				2	7.4	4.2	4.7
<b>Residents receiving special skin care.</b>				2	7.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BETHESTA CARE CENTER

<b>Street Address:</b> 117 W 1ST BOX 369		<b>City and State:</b> SMITH CENTER KS 66967	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 83	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	45.5	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	53.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	33.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	33.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	45.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	18.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	19	28.8	39.6	39.1
<b>Residents requiring restraints.</b>	15	22.7	30.3	31.7
<b>Confused or disoriented residents.</b>	21	31.8	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	20	30.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SMITH CO MEM HOSP LTCU

<b>Street Address:</b>  614 S MAIN ST		<b>City and State:</b>  SMITH CENTER KS 66967	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  26	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  26	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  11
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	96.2	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	96.2	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	92.3	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	88.5	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	100	62.4	68.2
Residents on individually written bowel and bladder retraining program.	2	7.7	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	38.5	30.7	37.7
<b>Completely bedfast residents.</b>	2	7.7	3.5	3.4
<b>Residents confined to chairs.</b>	16	61.5	44.4	50.8
<b>Residents requiring restraints.</b>	19	73.1	33.9	41.3
<b>Confused or disoriented residents.</b>	15	57.7	50.9	58.4
<b>Residents with bed sores.</b>	1	3.8	6.4	7.1
<b>Residents receiving special skin care.</b>	1	3.8	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WHITE CROSS HEALTH CENTER

<b>Street Address:</b> 9300 BURMA ROAD		<b>City and State:</b> SMOLAN KS 67479	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 53	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/27/86

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 45	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	37	82.2	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	38	84.4	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	32	71.1	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	60.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	29	64.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	18	40.0	25.3	29.3
<b>Completely bedfast residents.</b>	2	4.4	1.7	3.6
<b>Residents confined to chairs.</b>	24	53.3	39.6	39.1
<b>Residents requiring restraints.</b>	19	42.2	30.3	31.7
<b>Confused or disoriented residents.</b>	41	91.1	49.7	55.8
<b>Residents with bed sores.</b>	7	15.6	4.2	4.7
<b>Residents receiving special skin care.</b>	8	17.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WHEATLAND LODGE

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 198		SOUTH HAVEN KS 67140	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	NON-PROFIT OTHER	11/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
45	0	18			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		26	57.8	75.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		31	68.9	70.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		26	57.8	58.7	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	71.1	61.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		26	57.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.		1	2.2	3.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		11	24.4	25.3	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>		22	48.9	39.6	39.1
<b>Residents requiring restraints.</b>		15	33.3	30.3	31.7
<b>Confused or disoriented residents.</b>		14	31.1	49.7	55.8
<b>Residents with bed sores.</b>		2	4.4	4.2	4.7
<b>Residents receiving special skin care.</b>		9	20.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SPRING HILL MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
251 WILSON AVE		SPRING HILL KS 66083	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
44	0	28	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	86.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	84.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	68.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	68.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	56.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	4.5	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	27.3	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.3	1.7	3.6
<b>Residents confined to chairs.</b>	23	52.3	39.6	39.1
<b>Residents requiring restraints.</b>	15	34.1	30.3	31.7
<b>Confused or disoriented residents.</b>	21	47.7	49.7	55.8
<b>Residents with bed sores.</b>	1	2.3	4.2	4.7
<b>Residents receiving special skin care.</b>	10	22.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LEISURE HOMESTEAD ASSN

<b>Street Address:</b> 405 E GRAND		<b>City and State:</b> STAFFORD KS 67578	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 45
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	54	91.5	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	37	62.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	31	52.5	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	54.2	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	30	50.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	16	27.1	25.3	29.3
<b>Completely bedfast residents.</b>	3	5.1	1.7	3.6
<b>Residents confined to chairs.</b>	32	54.2	39.6	39.1
<b>Residents requiring restraints.</b>	19	32.2	30.3	31.7
<b>Confused or disoriented residents.</b>	26	44.1	49.7	55.8
<b>Residents with bed sores.</b>	5	8.5	4.2	4.7
<b>Residents receiving special skin care.</b>	14	23.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE STERLING PRESBYTERIAN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
204 W WASHINGTON		STERLING KS 67579	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	61	NON-PROFIT RELIGIOUS	07/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	0	16

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	69.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	62.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	51.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	53.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	44.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	15.5	25.3	29.3
<b>Completely bedfast residents.</b>	1	1.7	1.7	3.6
<b>Residents confined to chairs.</b>	22	37.9	39.6	39.1
<b>Residents requiring restraints.</b>	17	29.3	30.3	31.7
<b>Confused or disoriented residents.</b>	39	67.2	49.7	55.8
<b>Residents with bed sores.</b>	3	5.2	4.2	4.7
<b>Residents receiving special skin care.</b>	7	12.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SOLOMON VALLEY MANOR

<b>Street Address:</b>  315 SOUTH ASH		<b>City and State:</b>  STOCKTON KS 67669	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  01/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  45	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  14	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	36	80.0	75.7	78.3
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	33	73.3	70.0	76.7
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	30	66.7	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	64.4	61.8	66.0
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	28	62.2	55.8	59.1
 Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	14	31.1	25.3	29.3
 <b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
 <b>Residents confined to chairs.</b>	20	44.4	39.6	39.1
 <b>Residents requiring restraints.</b>	20	44.4	30.3	31.7
 <b>Confused or disoriented residents.</b>	26	57.8	49.7	55.8
 <b>Residents with bed sores.</b>	3	6.7	4.2	4.7
 <b>Residents receiving special skin care.</b>	20	44.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HAMILTON CO HOSP LTCU

<b>Street Address:</b> EAST GATE ST BOX 909		<b>City and State:</b> SYRACUSE KS 67878	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 27	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 07/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 27	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 11
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	17	63.0	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	19	70.4	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	17	63.0	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	96.3	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	20	74.1	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	11	40.7	30.7	37.7
<b>Completely bedfast residents.</b>	1	3.7	3.5	3.4
<b>Residents confined to chairs.</b>	12	44.4	44.4	50.8
<b>Residents requiring restraints.</b>	9	33.3	33.9	41.3
<b>Confused or disoriented residents.</b>	14	51.9	50.9	58.4
<b>Residents with bed sores.</b>	0	0.0	6.4	7.1
<b>Residents receiving special skin care.</b>	2	7.4	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HAMILTON COUNTY REST HOME

<b>Street Address:</b>		<b>City and State:</b>	
EAST GATE ST PO BOX L		SYRACUSE KS 67878	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	21	LOCAL GOVERNMENT	04/26/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
21	0	8		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	11	52.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	13	61.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	47.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	61.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	11	52.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	19.0	25.3	29.3
<b>Completely bedfast residents.</b>	2	9.5	1.7	3.6
<b>Residents confined to chairs.</b>	7	33.3	39.6	39.1
<b>Residents requiring restraints.</b>	6	28.6	30.3	31.7
<b>Confused or disoriented residents.</b>	6	28.6	49.7	55.8
<b>Residents with bed sores.</b>	2	9.5	4.2	4.7
<b>Residents receiving special skin care.</b>	4	19.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TONGANOXIE NURSING CENTER

<b>Street Address:</b>  1010 EAST STREET		<b>City and State:</b>  TONGANOXIE KS 66086	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  90	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  07/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  45	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>  Residents requiring some or total assistance in bathing.	43	95.6	83.0	81.5
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	27	60.0	79.1	83.2
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	22	48.9	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	48.9	69.9	77.2
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	15	33.3	62.4	68.2
 Residents on individually written bowel and bladder retraining program.	1	2.2	3.4	4.6
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	6	13.3	30.7	37.7
 <b>Completely bedfast residents.</b>	2	4.4	3.5	3.4
 <b>Residents confined to chairs.</b>	21	46.7	44.4	50.8
 <b>Residents requiring restraints.</b>	10	22.2	33.9	41.3
 <b>Confused or disoriented residents.</b>	44	97.8	50.9	58.4
 <b>Residents with bed sores.</b>	1	2.2	6.4	7.1
 <b>Residents receiving special skin care.</b>	10	22.2	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BREWSTER PLACE THE CONGREGATIONAL

<b>Street Address:</b> 1205 WEST 29TH STREET		<b>City and State:</b> TOPEKA KS 66611	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 77	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 2	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	95.0	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	60.0	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	58.3	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	46.7	62.4	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	23.3	30.7	37.7
<b>Completely bedfast residents.</b>	2	3.3	3.5	3.4
<b>Residents confined to chairs.</b>	17	28.3	44.4	50.8
<b>Residents requiring restraints.</b>	23	38.3	33.9	41.3
<b>Confused or disoriented residents.</b>	30	50.0	50.9	58.4
<b>Residents with bed sores.</b>	1	1.7	6.4	7.1
<b>Residents receiving special skin care.</b>	2	3.3	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRIARCLIFF MANOR INC

<b>Street Address:</b>  3224 SW 29TH		<b>City and State:</b>  TOPEKA KS 66614	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  60	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  55	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  34
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	61.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	74.5	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	52.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	80.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	70.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	20.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	31	56.4	39.6	39.1
<b>Residents requiring restraints.</b>	18	32.7	30.3	31.7
<b>Confused or disoriented residents.</b>	29	52.7	49.7	55.8
<b>Residents with bed sores.</b>	3	5.5	4.2	4.7
<b>Residents receiving special skin care.</b>	6	10.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRIGHTON PLACE NORTH

<b>Street Address:</b> 1301 N JEFFERSON		<b>City and State:</b> TOPEKA KS 66608	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 34	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 34		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 31			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				18	52.9	75.7	78.3
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				18	52.9	70.0	76.7
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				1	2.9	58.7	63.4
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				0	0.0	61.8	66.0
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				0	0.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	3.8	6.1
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				0	0.0	25.3	29.3
<b>Completely bedfast residents.</b>				0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>				0	0.0	39.6	39.1
<b>Residents requiring restraints.</b>				0	0.0	30.3	31.7
<b>Confused or disoriented residents.</b>				34	100	49.7	55.8
<b>Residents with bed sores.</b>				0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>				0	0.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRIGHTON PLACE WEST

<b>Street Address:</b>  331 OAKLEY		<b>City and State:</b>  TOPEKA KS 66606	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  49	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  36	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	37	75.5	75.7	78.3
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	20	40.8	70.0	76.7
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	15	30.6	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	30.6	61.8	66.0
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	18	36.7	55.8	59.1
 Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	5	10.2	25.3	29.3
 <b>Completely bedfast residents.</b>	2	4.1	1.7	3.6
 <b>Residents confined to chairs.</b>	9	18.4	39.6	39.1
 <b>Residents requiring restraints.</b>	2	4.1	30.3	31.7
 <b>Confused or disoriented residents.</b>	12	24.5	49.7	55.8
 <b>Residents with bed sores.</b>	1	2.0	4.2	4.7
 <b>Residents receiving special skin care.</b>	16	32.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COUNTRYSIDE HEALTH CTR

<b>Street Address:</b>		<b>City and State:</b>	
3401 SEWARD		TOPEKA KS 66616	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
59	0	38		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	15	25.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	16	27.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	18.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	23.7	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	30.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	10	16.9	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	10.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	8	13.6	39.6	39.1
<b>Residents requiring restraints.</b>	3	5.1	30.3	31.7
<b>Confused or disoriented residents.</b>	48	81.4	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	11	18.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EVENTIDE CONV CENTER INC

<b>Street Address:</b> 2015 E 10TH ST		<b>City and State:</b> TOPEKA KS 66607	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 82		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 49	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		#		%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		71	86.6	83.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		68	82.9	79.1	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		54	65.9	68.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		54	65.9	69.9	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		49	59.8	62.4	68.2
Residents on individually written bowel and bladder retraining program.		8	9.8	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		19	23.2	30.7	37.7
<b>Completely bedfast residents.</b>		3	3.7	3.5	3.4
<b>Residents confined to chairs.</b>		32	39.0	44.4	50.8
<b>Residents requiring restraints.</b>		26	31.7	33.9	41.3
<b>Confused or disoriented residents.</b>		57	69.5	50.9	58.4
<b>Residents with bed sores.</b>		2	2.4	6.4	7.1
<b>Residents receiving special skin care.</b>		4	4.9	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FAIRLAWN HEIGHTS NH

<b>Street Address:</b> 5400 W 7TH		<b>City and State:</b> TOPEKA KS 66606	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 70	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 11
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	58	96.7	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	59	98.3	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	37	61.7	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	61.7	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	4	6.7	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	10	16.7	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	16	26.7	39.6	39.1
<b>Residents requiring restraints.</b>	17	28.3	30.3	31.7
<b>Confused or disoriented residents.</b>	17	28.3	49.7	55.8
<b>Residents with bed sores.</b>	3	5.0	4.2	4.7
<b>Residents receiving special skin care.</b>	23	38.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GLENDALE MANOR

<b>Street Address:</b> 1334 BUCHANAN		<b>City and State:</b> TOPEKA KS 66604	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 53	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 53	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 20
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	62.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	67.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	56.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	43.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	30.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	6	11.3	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	13.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	23	43.4	39.6	39.1
<b>Residents requiring restraints.</b>	11	20.8	30.3	31.7
<b>Confused or disoriented residents.</b>	24	45.3	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	10	18.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HIGHLAND VILLA

<b>Street Address:</b> 1821 EAST 21ST		<b>City and State:</b> TOPEKA KS 66607	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 79	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 70
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	69	87.3	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	54	68.4	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	50	63.3	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	45.6	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	45	57.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	18	22.8	25.3	29.3
<b>Completely bedfast residents.</b>	2	2.5	1.7	3.6
<b>Residents confined to chairs.</b>	34	43.0	39.6	39.1
<b>Residents requiring restraints.</b>	20	25.3	30.3	31.7
<b>Confused or disoriented residents.</b>	29	36.7	49.7	55.8
<b>Residents with bed sores.</b>	6	7.6	4.2	4.7
<b>Residents receiving special skin care.</b>	14	17.7	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLHAVEN OF TOPEKA

<b>Street Address:</b> 711 GARFIELD		<b>City and State:</b> TOPEKA KS 66606	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 174	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 160	<b>Medicare Residents:</b> 5	<b>Medicaid Residents:</b> 113		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	124	77.5	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	70.6	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	103	64.4	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	65.0	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	51.2	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	25.0	30.7	37.7
<b>Completely bedfast residents.</b>	2	1.2	3.5	3.4
<b>Residents confined to chairs.</b>	81	50.6	44.4	50.8
<b>Residents requiring restraints.</b>	46	28.7	33.9	41.3
<b>Confused or disoriented residents.</b>	53	33.1	50.9	58.4
<b>Residents with bed sores.</b>	8	5.0	6.4	7.1
<b>Residents receiving special skin care.</b>	12	7.5	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE INDIAN TRAILS MENTAL HEALTH CENTER

<b>Street Address:</b> 1112 REPUBLICAN		<b>City and State:</b> TOPEKA KS 66607	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 82	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 81	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 44		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	5	6.2	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	5	6.2	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	6	7.4	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	4.9	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	10	12.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	3	3.7	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	2	2.5	39.6	39.1
<b>Residents requiring restraints.</b>	1	1.2	30.3	31.7
<b>Confused or disoriented residents.</b>	80	98.8	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	6.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MANOR CARE NURSING CTR OF TOPEKA

<b>Street Address:</b>		<b>City and State:</b>	
2515 SW WANAMAKER ROAD		TOPEKA KS 66614	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	114	PROPRIETARY	05/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
8	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	6	75.0	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	5	62.5	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	6	75.0	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	50.0	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	25.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	0	0.0	44.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	33.9	41.3
<b>Confused or disoriented residents.</b>	4	50.0	50.9	58.4
<b>Residents with bed sores.</b>	0	0.0	6.4	7.1
<b>Residents receiving special skin care.</b>	6	75.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MANOR OF TOPEKA

<b>Street Address:</b>		<b>City and State:</b>	
4101 MARTIN DR		TOPEKA KS 66619	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	118	PROPRIETARY	08/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
88	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	50.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	50.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	34.1	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	19.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	26.1	55.8	59.1
Residents on individually written bowel and bladder retraining program.	22	25.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	6.8	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	3	3.4	39.6	39.1
<b>Residents requiring restraints.</b>	6	6.8	30.3	31.7
<b>Confused or disoriented residents.</b>	36	40.9	49.7	55.8
<b>Residents with bed sores.</b>	2	2.3	4.2	4.7
<b>Residents receiving special skin care.</b>	6	6.8	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MCCRITE PLAZA HEALTH CENR

<b>Street Address:</b> 1610 WEST 37TH STREET		<b>City and State:</b> TOPEKA KS 66611	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 112	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 28		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	91.1	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	86	76.8	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	75.9	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	75.9	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	75.9	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	28.6	30.7	37.7
<b>Completely bedfast residents.</b>	5	4.5	3.5	3.4
<b>Residents confined to chairs.</b>	0	0.0	44.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	33.9	41.3
<b>Confused or disoriented residents.</b>	52	46.4	50.9	58.4
<b>Residents with bed sores.</b>	6	5.4	6.4	7.1
<b>Residents receiving special skin care.</b>	9	8.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MCCRITE PLAZA HEALTH CTR

<b>Street Address:</b>		<b>City and State:</b>	
1610 WEST 37TH STREET		TOPEKA KS 66611	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
112	0	28	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	91.1	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	86	76.8	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	75.9	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	75.9	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	75.9	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	28.6	30.7	37.7
<b>Completely bedfast residents.</b>	5	4.5	3.5	3.4
<b>Residents confined to chairs.</b>	0	0.0	44.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	33.9	41.3
<b>Confused or disoriented residents.</b>	52	46.4	50.9	58.4
<b>Residents with bed sores.</b>	6	5.4	6.4	7.1
<b>Residents receiving special skin care.</b>	9	8.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROLLING HILLS HEALTH CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2400 URISH ROAD		TOPEKA KS 66614	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
28	4	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	64.3	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	75.0	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	21	75.0	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	78.6	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	35.7	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	21.4	30.7	37.7
<b>Completely bedfast residents.</b>	2	7.1	3.5	3.4
<b>Residents confined to chairs.</b>	5	17.9	44.4	50.8
<b>Residents requiring restraints.</b>	2	7.1	33.9	41.3
<b>Confused or disoriented residents.</b>	13	46.4	50.9	58.4
<b>Residents with bed sores.</b>	2	7.1	6.4	7.1
<b>Residents receiving special skin care.</b>	2	7.1	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SAMARITAN HOME

<b>Street Address:</b> 2075 FILLMORE		<b>City and State:</b> TOPEKA KS 66604	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 77	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 68		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 42	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		50	73.5	75.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		48	70.6	70.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		41	60.3	58.7	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	57.4	61.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		42	61.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	3.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		12	17.6	25.3	29.3
<b>Completely bedfast residents.</b>		1	1.5	1.7	3.6
<b>Residents confined to chairs.</b>		29	42.6	39.6	39.1
<b>Residents requiring restraints.</b>		13	19.1	30.3	31.7
<b>Confused or disoriented residents.</b>		48	70.6	49.7	55.8
<b>Residents with bed sores.</b>		1	1.5	4.2	4.7
<b>Residents receiving special skin care.</b>		11	16.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TOPEKA CONVALESCENT CENTER

<b>Street Address:</b> 515 HORNE STREET		<b>City and State:</b> TOPEKA KS 66606	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 72	<b>Medicare Residents:</b> 6	<b>Medicaid Residents:</b> 0		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	72.2	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	69.4	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	61.1	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	55.6	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	47.2	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	25.0	30.7	37.7
<b>Completely bedfast residents.</b>	3	4.2	3.5	3.4
<b>Residents confined to chairs.</b>	31	43.1	44.4	50.8
<b>Residents requiring restraints.</b>	22	30.6	33.9	41.3
<b>Confused or disoriented residents.</b>	37	51.4	50.9	58.4
<b>Residents with bed sores.</b>	3	4.2	6.4	7.1
<b>Residents receiving special skin care.</b>	12	16.7	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TOPEKA PRESBYTERIAN MANOR

<b>Street Address:</b> 4712 W SIXTH ST		<b>City and State:</b> TOPEKA KS 66606	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 127	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 106	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 41			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		104	98.1	83.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		84	79.2	79.1	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		98	92.5	68.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	66.0	69.9	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		82	77.4	62.4	68.2
Residents on individually written bowel and bladder retraining program.		21	19.8	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		51	48.1	30.7	37.7
<b>Completely bedfast residents.</b>		2	1.9	3.5	3.4
<b>Residents confined to chairs.</b>		54	50.9	44.4	50.8
<b>Residents requiring restraints.</b>		45	42.5	33.9	41.3
<b>Confused or disoriented residents.</b>		70	66.0	50.9	58.4
<b>Residents with bed sores.</b>		5	4.7	6.4	7.1
<b>Residents receiving special skin care.</b>		7	6.6	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE UNITED METHODIST HOME

<b>Street Address:</b>		<b>City and State:</b>	
1135 COLLEGE AVE		TOPEKA KS 66604	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	110	NON-PROFIT RELIGIOUS	08/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
104	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	77.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	75.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	61.5	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	60.6	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	62.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	34.6	25.3	29.3
<b>Completely bedfast residents.</b>	2	1.9	1.7	3.6
<b>Residents confined to chairs.</b>	66	63.5	39.6	39.1
<b>Residents requiring restraints.</b>	31	29.8	30.3	31.7
<b>Confused or disoriented residents.</b>	40	38.5	49.7	55.8
<b>Residents with bed sores.</b>	5	4.8	4.2	4.7
<b>Residents receiving special skin care.</b>	41	39.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTWOOD MANOR

<b>Street Address:</b> 5015 W 28TH ST		<b>City and State:</b> TOPEKA KS 66614	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 54	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 27	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	36	69.2	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	34	65.4	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	28	53.8	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	50.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	26	50.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	6	11.5	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	11	21.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	19	36.5	39.6	39.1
<b>Residents requiring restraints.</b>	16	30.8	30.3	31.7
<b>Confused or disoriented residents.</b>	21	40.4	49.7	55.8
<b>Residents with bed sores.</b>	2	3.8	4.2	4.7
<b>Residents receiving special skin care.</b>	20	38.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WOODLAND HLTH CTR INC

<b>Street Address:</b> 440 WOODLAND		<b>City and State:</b> TOPEKA KS 66607	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 107	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 63
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	66	66.7	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	60	60.6	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	43	43.4	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	64.6	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	61	61.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	23	23.2	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	15	15.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	29	29.3	39.6	39.1
<b>Residents requiring restraints.</b>	19	19.2	30.3	31.7
<b>Confused or disoriented residents.</b>	0	0.0	49.7	55.8
<b>Residents with bed sores.</b>	2	2.0	4.2	4.7
<b>Residents receiving special skin care.</b>	14	14.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HELMWOOD CARE HOME

<b>Street Address:</b>		<b>City and State:</b>	
311 EAST HARPER BOX 190		TRIBUNE KS 67879	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	32	PROPRIETARY	08/12/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
31	0	15		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	67.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	14	45.2	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	21	67.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	45.2	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	32.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	22.6	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	8	25.8	39.6	39.1
<b>Residents requiring restraints.</b>	5	16.1	30.3	31.7
<b>Confused or disoriented residents.</b>	7	22.6	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	10	32.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTERN PRAIRIE CARE HOME

<b>Street Address:</b>  300 E MAIZE		<b>City and State:</b>  ULYSSES KS 67880	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  71	<b>Type of Ownership:</b>  LOCAL GOVERNMENT	<b>Survey Date:</b>  11/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  59	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  33
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	66.1	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	64.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	67.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.8	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	27.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	33	55.9	39.6	39.1
<b>Residents requiring restraints.</b>	13	22.0	30.3	31.7
<b>Confused or disoriented residents.</b>	12	20.3	49.7	55.8
<b>Residents with bed sores.</b>	4	6.8	4.2	4.7
<b>Residents receiving special skin care.</b>	18	30.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARMATON VALLEY HOME

<b>Street Address:</b> BOX 22 HWY K-3 AND 54		<b>City and State:</b> UNIONTOWN KS 66779	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 39	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 17
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	22	56.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	20	51.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	51.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	51.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	35.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	20.5	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	13	33.3	39.6	39.1
<b>Residents requiring restraints.</b>	10	25.6	30.3	31.7
<b>Confused or disoriented residents.</b>	15	38.5	49.7	55.8
<b>Residents with bed sores.</b>	3	7.7	4.2	4.7
<b>Residents receiving special skin care.</b>	2	5.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE VALLEY VIEW N H INC

<b>Street Address:</b>		<b>City and State:</b>	
12TH AND SYCAMORE BOX 189		VALLEY FALLS KS 66088	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	08/07/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
77	0	29		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		21	27.3	75.7
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		18	23.4	70.0
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		19	24.7	58.7
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		17	22.1	61.8
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		14	18.2	55.8
Residents on individually written bowel and bladder retraining program.		0	0.0	3.8
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		6	7.8	25.3
<b>Completely bedfast residents.</b>		0	0.0	1.7
<b>Residents confined to chairs.</b>		9	11.7	39.6
<b>Residents requiring restraints.</b>		8	10.4	30.3
<b>Confused or disoriented residents.</b>		42	54.5	49.7
<b>Residents with bed sores.</b>		0	0.0	4.2
<b>Residents receiving special skin care.</b>		4	5.2	15.6

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ST JOHN REST HOME

<b>Street Address:</b> 701 7TH ST BOX 308		<b>City and State:</b> VICTORIA KS 67671	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 88	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 29	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	84.1	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	64.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	54.5	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	48.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	65.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	18.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	23	26.1	39.6	39.1
<b>Residents requiring restraints.</b>	34	38.6	30.3	31.7
<b>Confused or disoriented residents.</b>	21	23.9	49.7	55.8
<b>Residents with bed sores.</b>	5	5.7	4.2	4.7
<b>Residents receiving special skin care.</b>	18	20.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HEARTLAND MANOR

<b>Street Address:</b> 320 SOUTH AVENUE		<b>City and State:</b> WAKEENEY KS 67672	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 26
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	83.3	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	29	60.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	45.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	47.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	15	31.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	14.6	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	16	33.3	39.6	39.1
<b>Residents requiring restraints.</b>	16	33.3	30.3	31.7
<b>Confused or disoriented residents.</b>	24	50.0	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	7	14.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TREGO CO-LEMKE MEM HOSP LTCU

<b>Street Address:</b> 320 13TH ST		<b>City and State:</b> WAKEENEY KS 67672	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 44	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 5	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	38	95.0	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	32	80.0	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	27	67.5	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	67.5	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	13	32.5	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	26	65.0	44.4	50.8
<b>Residents requiring restraints.</b>	19	47.5	33.9	41.3
<b>Confused or disoriented residents.</b>	40	100	50.9	58.4
<b>Residents with bed sores.</b>	6	15.0	6.4	7.1
<b>Residents receiving special skin care.</b>	16	40.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE VILLAGE OF WAKEFIELD

<b>Street Address:</b>		<b>City and State:</b>	
6TH AND GROVE		WAKEFIELD KS 67487	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	03/01/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
49	0	30

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	40.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	63.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	49.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	49.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	34.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	4.1	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	5	10.2	39.6	39.1
<b>Residents requiring restraints.</b>	15	30.6	30.3	31.7
<b>Confused or disoriented residents.</b>	30	61.2	49.7	55.8
<b>Residents with bed sores.</b>	2	4.1	4.2	4.7
<b>Residents receiving special skin care.</b>	5	10.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VALLEY VISTA GOOD SAMARITAN CTR

<b>Street Address:</b>		<b>City and State:</b>	
2011 GRANDVIEW DRIVE		WAMEGO KS 66547	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	NON-PROFIT RELIGIOUS	05/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
50	0	20	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	98.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	86.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	68.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	68.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	62.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	4.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	32.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	32	64.0	39.6	39.1
<b>Residents requiring restraints.</b>	18	36.0	30.3	31.7
<b>Confused or disoriented residents.</b>	18	36.0	49.7	55.8
<b>Residents with bed sores.</b>	3	6.0	4.2	4.7
<b>Residents receiving special skin care.</b>	9	18.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CENTENNIAL HOMESTEAD

<b>Street Address:</b>		<b>City and State:</b>	
311 E 2ND		WASHINGTON KS 66968	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	03/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
49	0	29

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	17	34.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	57.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	53.1	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	53.1	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	51.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	28.6	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.0	1.7	3.6
<b>Residents confined to chairs.</b>	14	28.6	39.6	39.1
<b>Residents requiring restraints.</b>	18	36.7	30.3	31.7
<b>Confused or disoriented residents.</b>	28	57.1	49.7	55.8
<b>Residents with bed sores.</b>	1	2.0	4.2	4.7
<b>Residents receiving special skin care.</b>	4	8.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COLONIAL MANOR NURSING & CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 1 HWY 36		WATHENA KS 66090	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
54	0	42

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	74.1	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	81.5	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	57.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	77.8	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	46.3	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	22.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	30	55.6	39.6	39.1
<b>Residents requiring restraints.</b>	23	42.6	30.3	31.7
<b>Confused or disoriented residents.</b>	22	40.7	49.7	55.8
<b>Residents with bed sores.</b>	1	1.9	4.2	4.7
<b>Residents receiving special skin care.</b>	14	25.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE SUNSET MANOR

<b>Street Address:</b>		<b>City and State:</b>	
128 S PEARSON AVE-BOX 246		WAVERLY KS 66871	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	01/07/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
46	0	37	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	67.4	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	45.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	19	41.3	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	43.5	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	43.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	21.7	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.2	1.7	3.6
<b>Residents confined to chairs.</b>	14	30.4	39.6	39.1
<b>Residents requiring restraints.</b>	10	21.7	30.3	31.7
<b>Confused or disoriented residents.</b>	11	23.9	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	10.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CEDAR VIEW N H

<b>Street Address:</b> RFD 4-1600 W 8TH		<b>City and State:</b> WELLINGTON KS 67152	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 97	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 04/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 94	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 51	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	95.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	79.8	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	61.7	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	59.6	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	62.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	34.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	53	56.4	39.6	39.1
<b>Residents requiring restraints.</b>	30	31.9	30.3	31.7
<b>Confused or disoriented residents.</b>	65	69.1	49.7	55.8
<b>Residents with bed sores.</b>	4	4.3	4.2	4.7
<b>Residents receiving special skin care.</b>	17	18.1	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAKESIDE LODGE

<b>Street Address:</b> 102 W BOTKIN		<b>City and State:</b> WELLINGTON KS 67152	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 43	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 26	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	76.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	79.1	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	62.8	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	69.8	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	55.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	18.6	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	8	18.6	39.6	39.1
<b>Residents requiring restraints.</b>	7	16.3	30.3	31.7
<b>Confused or disoriented residents.</b>	17	39.5	49.7	55.8
<b>Residents with bed sores.</b>	4	9.3	4.2	4.7
<b>Residents receiving special skin care.</b>	5	11.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST LUKES HOSP SKILLED NURS FAC

<b>Street Address:</b> 1323 NORTH A STREET		<b>City and State:</b> WELLINGTON KS 67152	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 18	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 05/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 5	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	4	80.0	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	5	100	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	4	80.0	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	80.0	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	1	20.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	20.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	1	20.0	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	1	20.0	44.4	50.8
<b>Residents requiring restraints.</b>	1	20.0	33.9	41.3
<b>Confused or disoriented residents.</b>	1	20.0	50.9	58.4
<b>Residents with bed sores.</b>	1	20.0	6.4	7.1
<b>Residents receiving special skin care.</b>	2	40.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WELLSVILLE MANOR

<b>Street Address:</b>  304 W 7TH		<b>City and State:</b>  WELLSVILLE KS 66092	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  60	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  07/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  58	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  26
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	94.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	70.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	55.2	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	53.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	13.8	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	24	41.4	39.6	39.1
<b>Residents requiring restraints.</b>	13	22.4	30.3	31.7
<b>Confused or disoriented residents.</b>	19	32.8	49.7	55.8
<b>Residents with bed sores.</b>	3	5.2	4.2	4.7
<b>Residents receiving special skin care.</b>	5	8.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTY COMMUNITY CARE HOME

<b>Street Address:</b> HWY 99 AND MAIN ST		<b>City and State:</b> WESTMORELAND KS 66549	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	57	95.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	40	66.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	34	56.7	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	19	31.7	25.3	29.3
<b>Completely bedfast residents.</b>	4	6.7	1.7	3.6
<b>Residents confined to chairs.</b>	13	21.7	39.6	39.1
<b>Residents requiring restraints.</b>	17	28.3	30.3	31.7
<b>Confused or disoriented residents.</b>	41	68.3	49.7	55.8
<b>Residents with bed sores.</b>	1	1.7	4.2	4.7
<b>Residents receiving special skin care.</b>	2	3.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE WHEAT STATE MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
601 S MAIN ST		WHITEWATER KS 67154	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	66	NON-PROFIT RELIGIOUS	02/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
58		0		22	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		45	77.6	75.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		51	87.9	70.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		46	79.3	58.7	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	86.2	61.8	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		58	100	55.8	59.1
Residents on individually written bowel and bladder retraining program.		9	15.5	3.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		24	41.4	25.3	29.3
<b>Completely bedfast residents.</b>		1	1.7	1.7	3.6
<b>Residents confined to chairs.</b>		42	72.4	39.6	39.1
<b>Residents requiring restraints.</b>		38	65.5	30.3	31.7
<b>Confused or disoriented residents.</b>		32	55.2	49.7	55.8
<b>Residents with bed sores.</b>		13	22.4	4.2	4.7
<b>Residents receiving special skin care.</b>		5	8.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CATHOLIC CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3411 E ZIMMERLY		WICHITA KS 67218	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	151	NON-PROFIT RELIGIOUS	08/14/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
145	0	62			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	21	14.5	83.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	98	67.6	79.1	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	80	55.2	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	49.7	69.9	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	86	59.3	62.4	68.2	
Residents on individually written bowel and bladder retraining program.	6	4.1	3.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	32	22.1	30.7	37.7	
Completely bedfast residents.	1	0.7	3.5	3.4	
Residents confined to chairs.	34	23.4	44.4	50.8	
Residents requiring restraints.	43	29.7	33.9	41.3	
Confused or disoriented residents.	65	44.8	50.9	58.4	
Residents with bed sores.	2	1.4	6.4	7.1	
Residents receiving special skin care.	27	18.6	21.1	31.2	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHRIST VILLA NURSING CTR

<b>Street Address:</b> 1555 NORTH MERIDIAN		<b>City and State:</b> WICHITA KS 67203	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 118	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 117	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 70	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	110	94.0	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	88	75.2	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	89	76.1	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	77.8	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	61	52.1	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	40	34.2	30.7	37.7
<b>Completely bedfast residents.</b>	3	2.6	3.5	3.4
<b>Residents confined to chairs.</b>	51	43.6	44.4	50.8
<b>Residents requiring restraints.</b>	46	39.3	33.9	41.3
<b>Confused or disoriented residents.</b>	48	41.0	50.9	58.4
<b>Residents with bed sores.</b>	9	7.7	6.4	7.1
<b>Residents receiving special skin care.</b>	38	32.5	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HEARTLAND REHAB CTR

<b>Street Address:</b> 3410 EAST FUNSTON		<b>City and State:</b> WICHITA KS 67218	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 81	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 81	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 78	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	5	6.2	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	3	3.7	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	3	3.7	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	0	0.0	39.6	39.1
<b>Residents requiring restraints.</b>	0	0.0	30.3	31.7
<b>Confused or disoriented residents.</b>	0	0.0	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	6.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE LAKEWOOD HEALTH CARE CTR

<b>Street Address:</b> 1319 SEVILLE		<b>City and State:</b> WICHITA KS 67209	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 78	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 37
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	62.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	70.5	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	65.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	51.3	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	69.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	23.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	29	37.2	39.6	39.1
<b>Residents requiring restraints.</b>	14	17.9	30.3	31.7
<b>Confused or disoriented residents.</b>	53	67.9	49.7	55.8
<b>Residents with bed sores.</b>	10	12.8	4.2	4.7
<b>Residents receiving special skin care.</b>	19	24.4	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLHAVEN-WICHITA

<b>Street Address:</b>		<b>City and State:</b>	
932 N TOPEKA		WICHITA KS 67214	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	173	PROPRIETARY	06/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
166		4		147	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		157	94.6	83.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		129	77.7	79.1	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		99	59.6	68.4	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		105	63.3	69.9	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		84	50.6	62.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		35	21.1	30.7	37.7
<b>Completely bedfast residents.</b>		13	7.8	3.5	3.4
<b>Residents confined to chairs.</b>		80	48.2	44.4	50.8
<b>Residents requiring restraints.</b>		41	24.7	33.9	41.3
<b>Confused or disoriented residents.</b>		84	50.6	50.9	58.4
<b>Residents with bed sores.</b>		15	9.0	6.4	7.1
<b>Residents receiving special skin care.</b>		68	41.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOMESTEAD HEALTH CTR INC

<b>Street Address:</b> 2133 S ELIZABETH		<b>City and State:</b> WICHITA KS 67213	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 05/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 9
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	52	91.2	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	45	78.9	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	46	80.7	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	78.9	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	40	70.2	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	19	33.3	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	29	50.9	39.6	39.1
<b>Residents requiring restraints.</b>	29	50.9	30.3	31.7
<b>Confused or disoriented residents.</b>	44	77.2	49.7	55.8
<b>Residents with bed sores.</b>	3	5.3	4.2	4.7
<b>Residents receiving special skin care.</b>	3	5.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KANSAS MASONIC HOME

<b>Street Address:</b>		<b>City and State:</b>	
401 SOUTH SENECA		WICHITA KS 67213	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
117	0	69

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	76.1	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	77.8	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	58.1	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	73.5	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	51.3	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	18.8	30.7	37.7
<b>Completely bedfast residents.</b>	3	2.6	3.5	3.4
<b>Residents confined to chairs.</b>	42	35.9	44.4	50.8
<b>Residents requiring restraints.</b>	20	17.1	33.9	41.3
<b>Confused or disoriented residents.</b>	36	30.8	50.9	58.4
<b>Residents with bed sores.</b>	12	10.3	6.4	7.1
<b>Residents receiving special skin care.</b>	14	12.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LINCOLN EAST HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
4007 E LINCOLN		WICHITA KS 67218	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	12/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
57	0	39		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	80.7	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	68.4	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	52.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	66.7	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	54.4	55.8	59.1
Residents on individually written bowel and bladder retraining program.	2	3.5	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	7.0	25.3	29.3
<b>Completely bedfast residents.</b>	2	3.5	1.7	3.6
<b>Residents confined to chairs.</b>	29	50.9	39.6	39.1
<b>Residents requiring restraints.</b>	6	10.5	30.3	31.7
<b>Confused or disoriented residents.</b>	32	56.1	49.7	55.8
<b>Residents with bed sores.</b>	1	1.8	4.2	4.7
<b>Residents receiving special skin care.</b>	3	5.3	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MANOR CARE NURSING CENTER

<b>Street Address:</b> 7101 EAST 21ST NORTH		<b>City and State:</b> WICHITA KS 67206	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 116	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 51	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	41	80.4	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	41	80.4	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	28	54.9	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	80.4	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	25	49.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	6	11.8	30.7	37.7
<b>Completely bedfast residents.</b>	1	2.0	3.5	3.4
<b>Residents confined to chairs.</b>	25	49.0	44.4	50.8
<b>Residents requiring restraints.</b>	11	21.6	33.9	41.3
<b>Confused or disoriented residents.</b>	36	70.6	50.9	58.4
<b>Residents with bed sores.</b>	2	3.9	6.4	7.1
<b>Residents receiving special skin care.</b>	10	19.6	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDICALODGE OF WICHITA

<b>Street Address:</b> 2280 S MINNEAPOLIS AVE		<b>City and State:</b> WICHITA KS 67211	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 34		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	100	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	85.9	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	78.8	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	78.8	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	78.8	62.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	48.5	30.7	37.7
<b>Completely bedfast residents.</b>	3	3.0	3.5	3.4
<b>Residents confined to chairs.</b>	46	46.5	44.4	50.8
<b>Residents requiring restraints.</b>	40	40.4	33.9	41.3
<b>Confused or disoriented residents.</b>	42	42.4	50.9	58.4
<b>Residents with bed sores.</b>	5	5.1	6.4	7.1
<b>Residents receiving special skin care.</b>	17	17.2	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NORTHEAST NURSING CENTER

<b>Street Address:</b> 5005 E 21ST ST		<b>City and State:</b> WICHITA KS 67208	
<b>Participation:</b> MEDICARE SNF/ICF	<b># of Beds:</b> 116	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 16	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	12	75.0	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	14	87.5	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	87.5	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	11	68.8	62.4	68.2
Residents on individually written bowel and bladder retraining program.	1	6.3	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	31.3	30.7	37.7
<b>Completely bedfast residents.</b>	2	12.5	3.5	3.4
<b>Residents confined to chairs.</b>	7	43.8	44.4	50.8
<b>Residents requiring restraints.</b>	3	18.8	33.9	41.3
<b>Confused or disoriented residents.</b>	11	68.8	50.9	58.4
<b>Residents with bed sores.</b>	3	18.8	6.4	7.1
<b>Residents receiving special skin care.</b>	5	31.3	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARKWAY HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2940 S HILLSIDE		WICHITA KS 67216	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	57	PROPRIETARY	04/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
54	0	40	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	61.1	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	72.2	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	70.4	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	55.6	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	64.8	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	1.9	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	24.1	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	25	46.3	39.6	39.1
<b>Residents requiring restraints.</b>	18	33.3	30.3	31.7
<b>Confused or disoriented residents.</b>	34	63.0	49.7	55.8
<b>Residents with bed sores.</b>	5	9.3	4.2	4.7
<b>Residents receiving special skin care.</b>	3	5.6	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE REGENCY HEALTH CARE CTR

<b>Street Address:</b> 1432 NORTH WACO		<b>City and State:</b> WICHITA KS 67203	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 127	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 121		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 92	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.		118	97.5	83.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.		100	82.6	79.1	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.		93	76.9	68.4	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		113	93.4	69.9	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.		83	68.6	62.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.4	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.		22	18.2	30.7	37.7
Completely bedfast residents.		3	2.5	3.5	3.4
Residents confined to chairs.		47	38.8	44.4	50.8
Residents requiring restraints.		42	34.7	33.9	41.3
Confused or disoriented residents.		56	46.3	50.9	58.4
Residents with bed sores.		6	5.0	6.4	7.1
Residents receiving special skin care.		10	8.3	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SANDPIPER BAY HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
5808 WEST EIGHTH STREET		WICHITA KS 67212	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	116	PROPRIETARY	12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
53	0	15		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	71.7	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	86.8	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	66.0	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	73.6	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	60.4	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	13.2	30.7	37.7
<b>Completely bedfast residents.</b>	1	1.9	3.5	3.4
<b>Residents confined to chairs.</b>	20	37.7	44.4	50.8
<b>Residents requiring restraints.</b>	11	20.8	33.9	41.3
<b>Confused or disoriented residents.</b>	35	66.0	50.9	58.4
<b>Residents with bed sores.</b>	4	7.5	6.4	7.1
<b>Residents receiving special skin care.</b>	7	13.2	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TERRACE GARDENS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1315 NORTH WEST STREET		WICHITA KS 67203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	249	NON-PROFIT PRIVATE	02/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
108	4	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	69.4	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	93.5	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	85.2	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	82.4	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	83.3	62.4	68.2
Residents on individually written bowel and bladder retraining program.	5	4.6	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	29.6	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	84	77.8	44.4	50.8
<b>Residents requiring restraints.</b>	50	46.3	33.9	41.3
<b>Confused or disoriented residents.</b>	57	52.8	50.9	58.4
<b>Residents with bed sores.</b>	13	12.0	6.4	7.1
<b>Residents receiving special skin care.</b>	11	10.2	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WICHITA PRESBYTERIAN MANOR

<b>Street Address:</b> 4700 WEST THIRTEENTH STREET		<b>City and State:</b> WICHITA KS 67212	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 04/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 55	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 4		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	85.5	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	83.6	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	72.7	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	98.2	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	76.4	62.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	41.8	30.7	37.7
<b>Completely bedfast residents.</b>	1	1.8	3.5	3.4
<b>Residents confined to chairs.</b>	18	32.7	44.4	50.8
<b>Residents requiring restraints.</b>	13	23.6	33.9	41.3
<b>Confused or disoriented residents.</b>	33	60.0	50.9	58.4
<b>Residents with bed sores.</b>	4	7.3	6.4	7.1
<b>Residents receiving special skin care.</b>	7	12.7	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE WOODLAWN NURS HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
1600 SOUTH WOODLAWN BLVD		WICHITA KS 67218	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	03/18/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
102	0	28		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	94.1	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	92.2	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	72.5	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	74.5	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	53.9	62.4	68.2
Residents on individually written bowel and bladder retraining program.	9	8.8	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	22.5	30.7	37.7
<b>Completely bedfast residents.</b>	3	2.9	3.5	3.4
<b>Residents confined to chairs.</b>	71	69.6	44.4	50.8
<b>Residents requiring restraints.</b>	47	46.1	33.9	41.3
<b>Confused or disoriented residents.</b>	69	67.6	50.9	58.4
<b>Residents with bed sores.</b>	4	3.9	6.4	7.1
<b>Residents receiving special skin care.</b>	16	15.7	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WILSON NURSING HOME

<b>Street Address:</b> 411 31ST STREET		<b>City and State:</b> WILSON KS 67490	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 25
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	98.0	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	62.0	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	58.0	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	55.8	59.1
Residents on individually written bowel and bladder retraining program.	13	26.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	4.0	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.0	1.7	3.6
<b>Residents confined to chairs.</b>	23	46.0	39.6	39.1
<b>Residents requiring restraints.</b>	8	16.0	30.3	31.7
<b>Confused or disoriented residents.</b>	23	46.0	49.7	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	41	82.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## JEFFERSON CO MEM HOSP LTCU

<b>Street Address:</b>		<b>City and State:</b>	
RR 1 BOX 1		WINCHESTER KS 66097	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	NON-PROFIT OTHER	08/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
99	0	40

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	91	91.9	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	89.9	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	89.9	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.9	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	91.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	32.3	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	50	50.5	39.6	39.1
<b>Residents requiring restraints.</b>	70	70.7	30.3	31.7
<b>Confused or disoriented residents.</b>	37	37.4	49.7	55.8
<b>Residents with bed sores.</b>	5	5.1	4.2	4.7
<b>Residents receiving special skin care.</b>	89	89.9	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GOOD SAMARITAN CTR

<b>Street Address:</b> 1320 WHEAT RD		<b>City and State:</b> WINFIELD KS 67156	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 125	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 03/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 96	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 56	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	95	99.0	75.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	65	67.7	70.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	62	64.6	58.7	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	51.0	61.8	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	63	65.6	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	29	30.2	25.3	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.7	3.6
<b>Residents confined to chairs.</b>	36	37.5	39.6	39.1
<b>Residents requiring restraints.</b>	22	22.9	30.3	31.7
<b>Confused or disoriented residents.</b>	52	54.2	49.7	55.8
<b>Residents with bed sores.</b>	12	12.5	4.2	4.7
<b>Residents receiving special skin care.</b>	13	13.5	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## HERITAGE HOUSE NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
2720 E 12TH ST		WINFIELD KS 67156	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	59	PROPRIETARY	11/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
49	0	31

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	79.6	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	65.3	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	55.1	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	91.8	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	55.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	24.5	25.3	29.3
<b>Completely bedfast residents.</b>	1	2.0	1.7	3.6
<b>Residents confined to chairs.</b>	12	24.5	39.6	39.1
<b>Residents requiring restraints.</b>	7	14.3	30.3	31.7
<b>Confused or disoriented residents.</b>	23	46.9	49.7	55.8
<b>Residents with bed sores.</b>	1	2.0	4.2	4.7
<b>Residents receiving special skin care.</b>	1	2.0	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WILLIAM NEWTON MEM HOSP SNF

<b>Street Address:</b>		<b>City and State:</b>	
1300 EAST FIFTH STREET		WINFIELD KS 67156	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	14	LOCAL GOVERNMENT	04/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
10	6	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	8	80.0	83.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	100	79.1	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	100	68.4	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	80.0	69.9	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	40.0	62.4	68.2
Residents on individually written bowel and bladder retraining program.	2	20.0	3.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	10.0	30.7	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.4
<b>Residents confined to chairs.</b>	4	40.0	44.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	33.9	41.3
<b>Confused or disoriented residents.</b>	1	10.0	50.9	58.4
<b>Residents with bed sores.</b>	2	20.0	6.4	7.1
<b>Residents receiving special skin care.</b>	2	20.0	21.1	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	5.7	518	5.5
Each resident is free from mental and physical abuse.	MET	1	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	17	19.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	21	23.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	5	5.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	26	29.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	27	30.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	18.2	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	34.1	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	31	35.2	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	8	9.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	17	19.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	19	21.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	20	22.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	19	21.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	10	11.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	2.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	1	1.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	11.4	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	11.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	10	11.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	45	51.1	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	8	9.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	2	2.3	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.1	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	53	60.2	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE REGENCY HEALTH CARE CTR

<b>Street Address:</b> 801 S FRY ST		<b>City and State:</b> YATES CENTER KS 66783	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 104	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 56	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	78.8	75.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	62.6	70.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	55.6	58.7	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	42.4	61.8	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	53.5	55.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	3.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	19.2	25.3	29.3
<b>Completely bedfast residents.</b>	8	8.1	1.7	3.6
<b>Residents confined to chairs.</b>	29	29.3	39.6	39.1
<b>Residents requiring restraints.</b>	9	9.1	30.3	31.7
<b>Confused or disoriented residents.</b>	58	58.6	49.7	55.8
<b>Residents with bed sores.</b>	1	1.0	4.2	4.7
<b>Residents receiving special skin care.</b>	19	19.2	15.6	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	16	5.2	198	3.6
Each resident is free from mental and physical abuse.	MET	5	1.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	14.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	70	22.8	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	2.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	98	31.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	60	19.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	16	5.2	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	66	21.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	80	26.1	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	18	5.9	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	76	24.8	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	11.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	58	18.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	73	23.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	25	8.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	8	2.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	21	6.8	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	33	10.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	52	16.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	65	21.2	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	2.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	124	40.4	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



[illegible]

REF.

HD 7102 .U5N76 1987/88  
Kansas II

Medicare/Medicaid nursing home  
information.

REF.

HD 7102 .U5N76 1987/88  
Kansas II

Medicare/Medicaid nursing home  
information.



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